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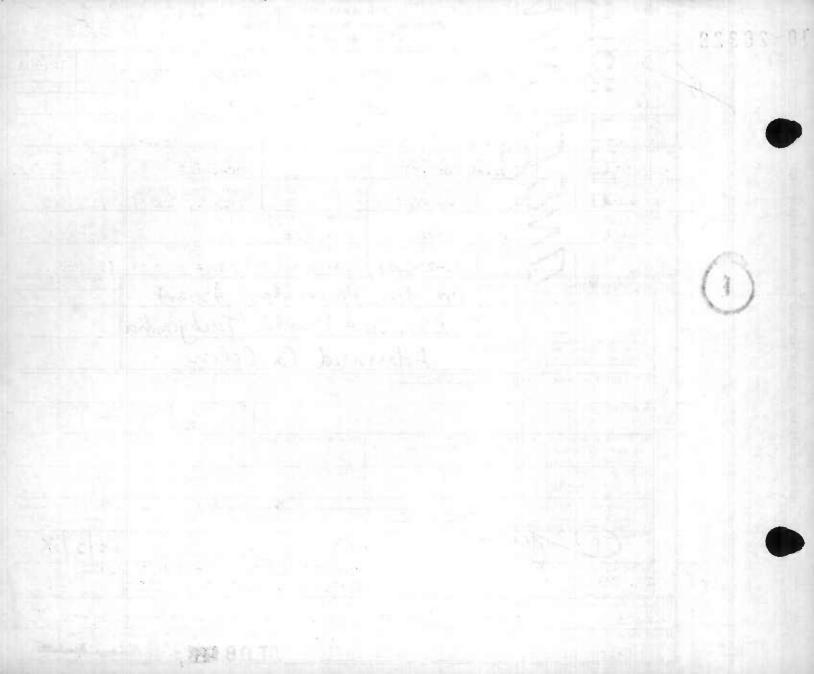
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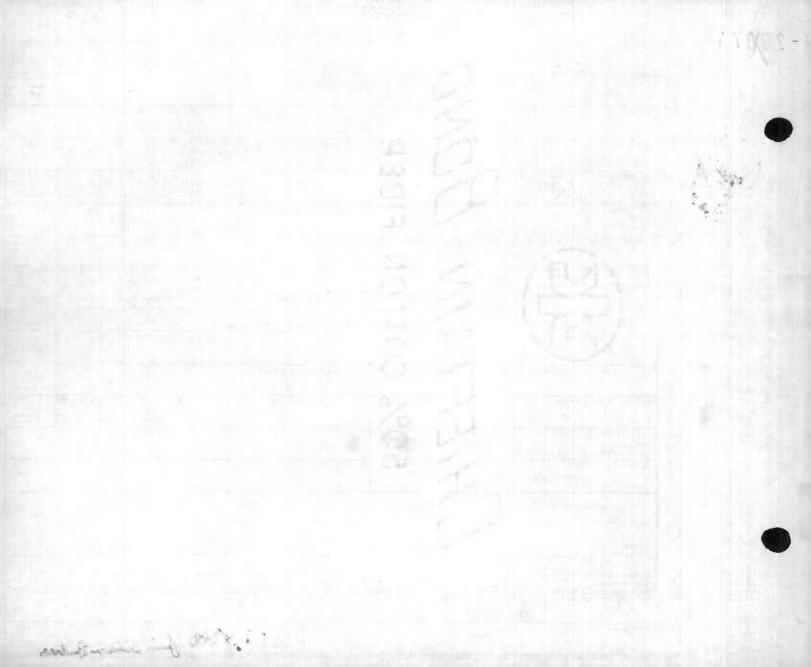
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25		REGISTRAR EASED NAME FIRST OR (NT)		MIDDLE		AST OF DEATH	REG. NO. 20. DATE OF DEATH MONTH DATE	
00	/	JOHN	WAYNE		ANSI	EL	OCTOBER 1, 1986	10:30
1	1 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
	_	lle	White		Augu	st 15, 1926 R	8 60 _{YRS.}	
3	C	RTHPLACE STATE OF FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
37		vryland	U.S.A	• •	WIDOWE	D DIVORCED DIVORCED DR OTHER INSTITUTION	Allegany 120 USUAL OCCUPATION	MI
Con Con			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
-		MBERLAND AL RESIDENCE (IF NURSING HOP		L HOSPITA			Machinist .	Chessie Sys
3	13a. S	tate vryland 13b. C	ounty Legany	Cumberly Cumberly	and	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE Route 2, Box 618	/ 21502
17	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	
1/		Joseph	William	Ansel		Lottie	MIDDLE	Snyder
0	16a. W	AS DECEASED EVER IN U.S	S GIVE WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	
-/	1	es, no or unknown) (IF YE	.W.II	213-22-2	2820	Georgia Anse	l-Address same as	
1		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	line for (o), (b), one	(ci.)	Dad cal.	18401	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			DIATE CAUSE (o)	cound	10-	Kesm 2 avic	morret	
and a				RAS A CONSEQUE	NCE OF	of Montri	J. Tachy Cardia	
7004		Conditions, if ony, which gove rise to immediate		1620	wr	evi verir	. Total general	
		couse (a), stating the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NEOF	nead Con	Colon -	
, 01	101	PART 2 OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	LINI BART N
njun	Z O			5,1111,001,110	27111	TO THE TENT	MINAL DISEASE ON CONDITION GIVEN	THE PART ITO
yno)	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
	TIFE						YES NO YES	
X	141	210. ACCIDENT WAS UNDERLYING	1 110110		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
S shdw				AA	19			
× 9		OR CONTRIBUTING CAUSE O			17			
X) IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	21e PLACE			21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
7	MEDICAL CI	JIF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA				3121
×9		JIF EITHER NOTIFY MEDICAL EXAMINATION OF WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this h	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET , 19 %	, to	that (I) (we) lo
m 21 is morked or Ifem 18 shaws		IN EITHER NOTIFY MEDICAL EXAMINATION OF THE MEDI	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FACTORY	ARM, ETC)	od that in (my) (our) opinion		that (It (we) los
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: If them 21 is morked or them		IN EITHER NOTIFY MEDICAL EXAMINATION OF THE MEDI	21e PLACE (AT HOME, ST respital) ottended the on (d not yiew the body	OF INJURY REET, FACTORY, OFFICE, FACTORY	ARM, ETC)	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN (VIEMOREAL HOS)	deoth occurred on the dote and hour of the dote and	that (I) (we) lose that the couses stated LDING
ST T ST	MEDICAL	IN EITHER NOTHY MEDICAL EXAMINE DITURN OF WHILE AT WORK AT WORK SOW the deceased alivation obove. (1) WHILE SIGNATURE 22d. PHYSICIAN'S NAME (1) DR. ZAMAN	21e PLACE (AT HOME, ST AT HOME	OF INJURY REET, FACTORY, OFFICE, FACE e deceosed from ofter deoth.	ARM, ETC)	at that in (my) (our) opinion. DEGREE ATTENDING PHYSICIAN COMBERLAND, I	death occurred on the date and hour of the date and	that (I) (we) lose that the couses stated LDING
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			11-	FOR STATE				MENT OF	HEALTH		NTALEY			2 7	-	6	5	
-	20)A 74		REGISTRAR	FIRST	MEI		EXAMIN	ER'S C	ERTIFIC	ATE OF			REG. N				
'	2 0	6.		CEASED NAME	FIRST		WIDDLE			LASI			OF	KNOWN ESTI-	MONTH	_	YEAR	9:30
	- '	PLEASE ECTOR. FILES HOURS STREET,	3 SE	v	Lloyd RACE IS	, DATE OF BIRTH	L.	6 AGE LINYE		old DER 1 YR. I	15		-	MATED X	x 10		19 86 YEAR	2d. 120 UR
		ARY, PLEASE DIRECTOR. YOUR FILES. V72 HOURS		M	White	09-05-1		58 YI	AY) MONTH		HOURS A	MIN PR	DATE ONOUN DE AD		10	8	1986	11:05
		HANDEN TO THE PERSON NAMED IN COLUMN	B Fo	IRTHPLACE ISTA DREIGN COUNTRY) WV	TE OR 7	b. CITIZEN OF WH		ITRY?	B MARRI WIDOW		ER MARRIED			ore city in the city of the ci		NTY OF	DEATH	MD.
		A STATE OF	-1	ny or town o Cumberla		1. NAME OF HOS LIFNOT IN SUCH FAI MEMO				er institut	ION		LOCCUP ST OF WOR		PE OF WORK	0	IND OF BUR INDUST	
	21201		15	MD	FIN NURSING HOME OF ALLE		13c. CITY	OR TOWN		13d INSIDE CIT	TY LIMITS?	3e STREET	APDRE Pen	ss nsylv	ania	Ave	nue/2	21502
	£. MD.	NO NO	PA.F	ATHER'S NAME FIRST		MIDDLE Arnold		LAST		15. MOTHEI	R'S MAIDEN		M	IDDLE			LAST	
	LTIMOR	S AFTER DE GIVE PAGE TITH FORM PAGES 1 AV IVISION	160.	WAS DECEASED (ES, NO, OR UNKNOW	EVER IN U.S. ARME	D FORCES?		-24-58		17. INFORM	Dorot			ADDRES		land	. MD	wife - 2150
	201 W. PRESTON ST., BA	O WITHIN 24 HOUR PENCIL IN ITEM 18. AMINER ALONG W TRANSIT PERMIT. ENTAL HYGIENE, D OR REMOVAL.		IB CAUSE OF PART I DEA Canditions gave rise	DEATH (Enter only TH WAS CAUSED I IMMEDIATE , if ony, which to immediate toting the under- e lost.	CAUSE (a) DUE TO, OR	AS A COP	yocard yocard ASEQUENCE rioscl ASEQUENCE	eroti	nfarc	tion—					1	PPROXIMAT	EINTERVAL TAND DEATH
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		OULD D "P DISED F HE HAL,	CERTIFICATION	19a DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORA	MED?					317	YES	NOXX
	DIVISION OF VITAL	CERTIFICATE SHADED TO THE CHEST SHOULD BE CHEST SHOULD BE CHEST SHOULD BE CHEST SHOULD BE CHEST SHOWN TO SUR		210. EXTERNAL UNDERLYING CONTRIBUTIN			. MONTH	DAY YEAR) YAULNI WC	OCCURRED	(ENTER NAT	URE OF IN	JURY IN ITEM 11	PART 1 OR	PART 2)		
	DIVISI	AR AR AR	MEDICAL	21d INJURY OF WHILE AT WORK	COURRED NOT WHILE AT WORK	21e PLACE C STREET, FACT				CATION		(ITY OR TO	WN	(COUNTY		STATE
	•	TO MEDICAL EXAMINER: THE EXPENSE OF THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STARMORE, MARYLAND, 2			that I took charge	causes III.	Accident	D. su	Autopolicide M	Homici		Undetern	AL EXAM	anner	DATI	E 1	0-8-8 MD 2	
	07/84 25M			BURIAL, CREMATI SPECIFY) BURIAL UNERAL DIRECT		DATE 198		NAME OF CEA Restla	METERY O	R CREMATO	Pk.	23d LOCA	ation town	rland	Al CO	lega	51 NV N	ATE 1D
		(VR A15 ME (5))		James F	. Scarpe	Lli, Cumb	erla	nd, MD	2150	2	001		~~~	Julia	Den	hom	Bules	



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- /	4		1 DE	EASED NAME FI	120	WIGDLE	L	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
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/	noy be 3 page 3 ar death				im	H.	Dia	yel	2500	10	4 86	0 14 M
/	4 mc		3. SE		4 RACE		S DATE C		6. AGE (IN YEARS	LAST BIRTHOAY)	MONTHS DAYS	IF UNGER 24 HRS
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	he fune within		10. C	TY OR TOWN OF DEATH			G HOME C	R OTHER INSTITUTION	120 USUAL OC	CUPATION	12b. KIND (OF BUSINESS OR
-	ofte ed , the	70		Cumberland	(IF NOT IN SUC	nberland	ADDRESS)	na Homo	(TYPE OF WORK FO	re build		
120	ours in by		WSU.	AL RESIDENCE HENURSING	OME OR OTHER INSTITUTION			ig nome	Het. LI	re purit	111	re Co.
BALTIMORE, MARYLAND 2120	-	20	130. 9	TATE 13b.	COUNTY	13c. CITY OR TOW	/N	134 INSIDE CITY LIMITS?	13e STREET ADI		1 (01	500
AN	1		14.64		Allegany	Cumber	Tand	YES XX NO		obert St	reet/21	.502
N X	N III A	41	14. FA	THER'S NAME	MIDOLE	LAST		15. MOTHER'S MAIDEN N.	N	Hable	1A	AST
X	1 1	21			seph Blacke				Minnie	Bowers	Ex-2-1-1	
ORE,	2 7 5			VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT		ADDRESS		
W	9 50 3		,	yes	WW II	705-12-6	563	Mrs. Sherry	Striethe	ck. Shor	t Gan.	In/V
ALT	te to	1		18 CAUSE OF DEATH (E	nter anly ane cause per	line far (a), (b), an	d (c).)					XIMATE INTERVAL
	phys phys nove			PART I. DEATH WAS	CAUSED BY:	Ami	1= 1	in Mulew	uts.		DE TABLETO	ONSET AND DEATH
15	certing I	ů J		IMA	MEDIATE CAUSE (a)	- 14 - 100	7,001	Juca				
10	end o, o	5	(3)			R AS A CONSEQUI	FICE OF					
RES	deo offion			Canditions, if any, who gave rise to immedi		001	-				-	
W. PRESTON	by the ase rem		100	cause (a), stating underlying cause I	the DUE TO, O	R AS A CONSEOU	ENCE OF					
201 V	tho d by ease			onderlying cause in	(c)							7
	ures igne bur		_	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION G	IVEN IN PART 1	la
DIVISION OF VITAL RECORDS,	P 25 15		CERTIFICATION									
50	bee bee	19	CAT	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPS	7? 20b. IF YE	ES, WERE FINDI	INGS USED
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Ė	N. T. N. T. V. Sich Cote Cote Cote Cote Cote Cote Cote Cote		S	210. ACCIDENT WAS UNDERLY				21c HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
OF.	SICIAN: 19 physis certificat riol-fron entol Hy	7		OR CONTRIBUTING CAUS	E OF DEATH		AY YEAR	10.00				
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7SF	PH then the l	2	ME	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	C	TY OR TOWN	COUNTY	STATE
Š	DING or of Afte	5	-11	AT WORK AT WORK			41	91		-14	86	
	Ol	2		220.1 certify that (1) (this saw the deceased a	/-/-	deceased from_	1	1900	, ta	1	, 19,	that (I) (we) last
	Spirt ScTC dlfo			abave, (I) (we) (did)	(did nat) view the body	after death.		d that in (my) (our) apiniar	aeain accurred a	The date and ha		
	OR A e hos DIREC Ched Dept.	2		22b. SIGNATURE	0.0.	/		DEGREE	_ MEDICAL _	STAFF	22c. DATE	E SIGNED / DC
				31	all	W	V	4 ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN		17/86.
	HOSPITAL med by the FUNERAL old be det on the State	1		226. PHYSICIAN'S NAME	(TYPE OR PRINT)	11.		22e ADDRESS	r 00.	1/	0.	1. 0
					V. +11	TLM.		302	srule	D JUX	mberl	Level
	of of shoot	-	23a E	URIAL, CREMATION, REM	NOVAL 236 DATE	23€	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N		
	BP			Burial	10-07-				CITY OR 1	OWN	COUNTY	STATE
	Dr		24 FI	INERAL DIRECTOR	1 10-0/-	-TYOO IDA	ATO IAIR	emorial Cemet	TE REC'D. BY REG	berland	Allega	
	DHMH - 16 50M 4/8	82		James F. Sca	arpoll: 0	ACDRESS	MD	001	A O MAN	NEGIS	TRAK S SIGNA	TORE
	(VRA 15, 4)			ballies 1. Su	arherry, cr	mner. raug	, MU Z	TOUZ V	1 0	Julia 1	Colden 1	

3		FOR			DEPART		OF M	ARYLAN AND ME	ID NTAL H	YGIENI	9	4	//	· E	,8	
00-21299		STATE REGISTRAR		ME	DICAL	EXAMINE	R'S C	ERTIFIC	CATEO	F DEA	TH	REG.	NO			
22 23 25 E		E OR PRINT)	FIRST	STER	FRA	NKlive	B	RAN	T	2	OF	KNOWN ESTI- MATED	D 10		YEAR 1986	26. HOUR
P. F.LSE DIRECTOR. D.I. FILES THOURS ON STREET,	3. SEX	M A RACE	V	5. DATE OF BIRTH	901	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS.	IF UN		IF UNDER		2c. DATE PRONOUN DEAD	NCED	MONTH 10	DAY 10	YEAR 19 86	2d HOUR
ECESSA INFRAL MITHIN WITHIN		RTHPLACE (STATE OR REIGN COUNTRY)		7b. CITIZEN OF WI	HAT COUN		MARRIE	ED NEV	ER MARRI	ED U		Alle	Y OR COUR	NTY OF D	EATH	MD
ON SECURITY OF SEC	1	TYORTOWN OF DEAT Cumberland	1	11. NAME OF HOS (IF NOT IN SUCH FA 246	Black	iston Av			TION	FOR M	AL OCCUI	PATION (TYPE OF WORK	OR	ND OF BUSTR	RY
(#135	USUA 13a. Si	L RESIDENCE (IF IN NUR TATE MD	3b. COUNT		113c. CITY	or town ortown berland		13d. INSIDE CI	NO 🗆		et addre 246 B		iston	Aver	nue/2	1502
8 E-1504 //	14 FA	THER'S NAME		WIDDLE	1-1-	LAST		15. MOTHE	R'S MAIDE			AIDDLE	***		LAST	
A 25 4 4 1	14 34			Walter B	_	IAL SECURITY N	10	17. INFORM		Daisy	у М.	Valer	ntine			
LTIM FTER FOR FORSI	(YI	VAS DECEASED EVER 1 ES, NO, OR UNKNOWN	(IF YES, GIVE V	VAR OR DATES)		5-09 - 869	7	Mr.		141	Dno			2		d MD
RS AFT B. GIVE WITH P F. PAGE DIVISIO		18. CAUSE OF DEATH	1 (Enter only	y one couse per line			70	11	DUITA	LU L,	. DIa	int, S	Or, l	AP	erlan PPROXIMATE	INTERVAL
N ST N ST N ST N ST ST N ST N ST N ST N		PART I DEATH WA	AS CAUSED	BY: E CAUSE (o)		ancer	OF	the	2 1	ung	1			BETW	WEEN ONSET	AND DEATH
PRESTON ST TITHIN 34 HOU UER ALONG ANNIT PERMIN REMOVAL		Conditions, if or		DUE TO, OR	AS A CON	SEQUENCE OF				0						
		gave rise to i	immediate	(b)	400424	ISEQUENCE OF					_			-		
201 W. UTED W IN PEN EXAMIP IN LAL - TR O MENT ON, OR		lying couse lost.	inc onder	(c)	AS A CON	ISEQUENCE OF								4		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUR EVERARIMENT OF HEALTH AND OUT PRICE TO BURIAL CREMATIC	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS C		BUT NOT RELA	TED TO THE TERMINA	L OISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a)						
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IVISION OF CERTIFICATION OF CERTIFICATIO	CALC	UNDERLYING CONTRIBUTING C	R AUSE OF D	HOUR A.M	. MONTH	19			OCCORRE	D (CIVIENTS	ATORE OF III	JOK! HATIEM	R TO PART TOK	- AN 2)		
DIVISION OF VITAL RECORDS, 201 W. BE THIS CERTIFICATE SHOULD BE EXECUTED WATE. WRITING THE WORD "PENDING" IN PENOWARDED TO THE CHIFF MEDICAL EXAMIRE PAGE 3 SHOULD BE USED AS A BURIAL - TRESTATE DEPARTMENT OF HEALTH AND MENTO, 21201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL	21d. INJURY OCCURR WHILE DOT N AT WORK AT W	WHILE _	21e PLACE (STREET, FAC	OF INJURY TORY, FARM, E			ATION			CITY OR TO	WN	C	YTMUO		STATE
WNER FICATE, E FORE, TTOE, TAND,		22a certify that death resulted from:		of the remains des	scribed abo	ve, held on	Autops	y . Hamici	Inspection		Inquiry		ond in my o	pinion		
EXAM CERTICO B ULD B DIREC	1	ACTUAL A	10011	MAID	Pene			TIELE (SE		-			DAT	11	101	0/-
AMEDICAL E ECUTE THE CGE A SHOU SE NEEDLA TER DEATH.		SIGNATURE 4	-	7	5/2		M.	D. 14	many many	1	CAL EXAM	AINER	SIGN	IED_/	101/0	20
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PAGE PAGE	23a.Bl	PECIFY) BUT131	MOVAL 23	10 14 100		NAME OF CEME					CATION			UNTY	STA	
BP		UNERAL DIRECTOR		10-14-198		ose Hill	Cer	1	50. DATE R		Cumbe: Pegistra		A A I I	egan	URE ME) P
DHMH - 17 (VR A15 ME (5))		James F. S	carpe	lli. Cumb		nd. MD 2	1502		OCT 1	6	DD	flen	Derica	4	death:	
20M 4/82				,												

DET : 1 Mar franchischer

7004	9		REGISTRA CUMBERLA CEASED NAME FIRST		MIDDLE		LAST	REG. N		Y YEAR	26 HOUR
page 3		(TYP)	GERALD	INE	NMI	BRO	WN	OCTOBER 7,	1986		1:40 PM
r. po	7	3 SE		4 RACE		5 DATE (6. AGE (IN YEARS LAST BIR		UNGER I YEAR	IF UNDER 24 HRS
ecto rs o		1	female	whi			5-17-1914 YEAR	71	YRS.		
deoth P	15		IRTHPLACE (STATE OR FOREIGN COUNTRY)	US		WIDOW		9 BALTIMORE CITY OF	COUNTY	OF DEATH	M
s offer	12	-	Cumberland	SACRE	CHEACILITY, GIVE STR	HOSPT	ATAL	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF MAINTENANT	F WORKING LIFE	INDUSTRY	Hall
Filled in	33	13a.	AL RESIDENCE (IF NURSING HOME STATE MD 13b. CO	or other institution UNITY Llegany	GIVE RESIDENCE BEF 13c. CITY OR TO CUMDE:		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	zip code Itown R		/
amplements and 2 sty	// John	14. F	ATHER'S NAME Willi	am M. Wil	.son (AST		15. MOTHER'S MAIDEN NA	annie Melino	la Dean	LAST	
oe execut	medical	160 \	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN] (IF YES,	ARMED FORCES? GIVE WAR OR DATES]	166 SOCIAL SE 213 40		Mrs. Betty	Jean Mille:		geley,W	√V-daugh
	a		Conditions, if any, which	(b)				0 0			
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202 Greene Street-Cumberland, Maryland 21502

(VRA 15, 4)

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2254	q	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLA MENT OF HEALTH AND M CERTIFICATE OF D	MENTAL HYGI	IENE SIGNO.	27/	71
	,		CEASED NAME FIRST	MIDD	(E	LAST		20. DATE OF DEATH	ONTH DAY YE	AR 26 HOUR
poge redeoit	D		CHRISTI			BURALL		October 20	,1986	8:30 F
ctor.		3 SE	Female	White		5. DATE OF BIRTH MONTH Dec. 23	1896	6. AGE (IN YEARS LAST BIRTHI		YEAR IF UNDER 24 HR
Pog.	5)		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED NEVER M		9 BALTIMORE CITY OR		н
deoth.	O		Maryland	U.S.	Α.	WIDOWED DIV	VORCED [Allegany		
her of the fer of	P.	10 C	TY OR TOWN OF DEATH		PITAL, NURSING	G HOME OR OTHER INSTI	MOITUTION	12a USUAL OCCUPATION	N 126. KI	ND OF BUSINESS O
S of	to C		Cumberland	Memor	ial Hos	pital		Homemaker	Owr	Home
24 hou	must b		AL RESIDENCE (IF NURSING HOME STATE 13b. CO				ITY LIMITS?	13. STREET ADDRESS / 2	ZIP CODE ROW 2	1545
7 2 thin	The state of		THER'S NAME			15 MOTHER'S	MAIDEN NAM	ΛE		11-11-0-1
V270	1		Joseph	MIDDLE	Crowe	Mar	tha	MIDDLE	Kir	by
E COURT	ico		VAS DECEASED EVER IN U.S.		SOCIAL SECUI	RITY NO. 17 INFORMAN	NT	ADDRES:		
2.8	Bed		YES, NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	13-74-94	461 Georg	e W.A	Burall s	ame as	13e
requires that en signed by Then please r to buriol, cri	injury, or oth	NOI	PART 2. OTHER LIGHTEICAN	T CONDITIONS CONT	WIT	DEATH BU NOT BELATED		NAL DISEASE OR CONDI	TION GIVEN IN PAI	RT Iro
on. hos bee t permit.	À Que	CERTIFICATION	19a DATE OF OPERATION	1.6. CQ DITIO	N FOR WHICH	OPERATION WAS PERFOR	RMED		20b. IF YES, WERE FI IN CERTIFYING CAI YES	
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NG Affer of the or the	orke	1	AT WORK AT WORK	0.	10	Och 10	810	00	20 81	
END olo olo OR. A	.5. E		ZZn I certify that (I) (this has	situal In Contract	4) d from	SM. 1.	19	10 000	1904	, that (I) (we) I
ATTI OSPIT ECTC d for	2		above, () w thin (did	ot) view the body after	or death.	DEGREE	(aur) opinion d	leoth occurred an the date		
	Ε									
OR he h	# Hem	1	274 SIGN (1)	liena A	1-1	Al	TTENDING _	, MEDICAL STAFF	226	ATE SIGNED
by the	TNT. # Hea		GALLE	lims	wy	A1 P	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AN D	-21-8
by the	ORTANT: If hem		22d. PHYSICAN'S NAME (1VP		Ny	Al	S PHYSICIAN	DIRECTOR PHYSICIA		
A The set of the set o	IMPORTANT: If hem	77- 5	22d. PHYSICAN'S NAME (1VP Dr. Terry Wi	11iams	אין	A) P 22e ADDRESS	Memori Cumber			
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TO HOSPITAL OF TO FUNERAL Should be deto			226. PHYSICAN'S NAME (1VP Dr. Terry Wi BURIAL, CREMATION, REMOV.)	11iams AL 23b. DATE 10/23/	86 Me	770 ADDRESS	Memori Cumber Crematory emeter	DIRECTOR PHYSICIAL Lal Hospital Land, MD 21 23d LOCATION MUT Sava	Medical 502 geAllegge	Building
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20330	1 -	FOR STATE REGISTRAR		DEPART	MENT OF E	E OF MARYLAND HEALTH AND MENTAL HYO TCATE OF DEATH		EG. NO.		1 24
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DE		AY YEAR	2b HOUR
oth 3	TYPE	RAYMON	ID I	EO	BURI	KETT	October	3, 1986		3:25 P
1 10	3. SE		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
: 1		Male	Whi	te	Sep	t. 24, 1902	84	YRS	AONTHS : DAYS	HOURS MIN.
Popular Popular		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE	ITY OR COUNTY	OF DEATH	71
(A 35 B		ennsylvania	U.S.	A.	WIDOW		1	llegany		M
1 11/4-7		TY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a. USUAL OCC			F BUSINESS O
	1	Cumberland		morial H		a1	THE OF WORK FOR	MOST OF WORKING LIFE	INDUSTRI	
11/1/	Usu	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION		E ADMISSION)	1134 INSIDE CITY LIMITS?	1120 STREET ADD	RESS / ZIP CODE		
China	Mai		egany	Cumberl		YEXK NO		catur S	t. 21	502
IN ATT	14. FA	THER'S NAME	Links .	1437		15. MOTHER'S MAIDEN NA		pour	LAS	
# Wall		Samuel	MIDDLA	Burke	tt	Annie		Detta	Wer	
		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16h SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRESS	30.00	
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been sign by man, Then please prior to bu mony injury, an only	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a, DATE OF OPERATION		ONTRIBUTING TO		NOT RELATED TO THE TERM	AINAL DISEASE OF	? 20b. IF YES	, WERE FINDI	NGS USED
ac Sode S	띪						YES TI N		YING CAUSES	OF DEATH?
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	WE	WHILE TO NOT WHILE TO		REET, FACTORY, OFFICE,	FARM, ET)	STREET OF	n'	TY CO TOWN	COUNTY	STATE
Z + S + S		22a. I certify that (I) (this ha	spital) at	he der ased fro	100	7. dy 16		115	50	that (1) (we) lo
					0	nd that in (my) (aur) apınıan	death accurred a	the date and have		, , ,
OR ATTEN e hospital DIRECTOR sched for u Dept. of He		above, (I) (III) (did 22b. SIGNATI	nat) view the body	y atter death.		DEGREE			224 DATE	SIGNED
. 4 . 2		97X 11/	Legian	W		ATTENDING	MEDICAL DIRECTOR	STAFF	10 4	5-86
A P O O T	1	22d. PHYSICIAN'S NAME (TYPE	PE OR PRINT)			22e ADDRESS				
		Day 70 1747	lioma			Memorial He			uilding	3
Shoots Shoots	73e	Dr. T. Will		1 230	NAME OF	Cumberland CEMETERY OR CREMATORY	23d. LOCATIO			
BP		Burial	10/6/			Memorial P	ark Cum		Alle	Tany M
	24 F					250. DA	TE REC'D. BY REG	STRAR 256 REGIST		
OHMH - 16 60M 7/84 (VRA 15, 4)		NAME Leas	sure-St	ein Bun	eral	Home, Inco	TORW	OR Line	Si wales	displate.
(4117 10, 4)	43	0 Baltimore	Ave.	Cumberl	and,	MD 21502				

	1. DEC	CEASED NAME FIRST		MIDDLE		AST	REG. NO. 20 DATE OF DEATH MONTH OCTOBER 12,1		26. HOUR 3:50 P
poge 3			ELLEN	BYR					M
offer. p	3. SE	female	4. RACE Whit	-0	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
22 hours		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OF COL		
L L L	10 CI	TY OR TOWN OF DEATH	11. NAME OF		WIDOWE IG HOME C ADDRESSI HOCOT	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND INDUSTRY	
6	13a S		LE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	housewife .	CODE	home
87	14 FA	ATHER'S NAME	legany ers Fletc	Cumberl	and_	YES NO D 15. MOTHER'S MAIDEN N FIRST Ada	<u>624 East Fi</u> AME MIDDIE MI		et/21502_
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00-215	04	1-	FOR STATE			DICAL EXAM			DEDEATH		
	0 4	1 DE	CEASED NAME	Offer 4	les.	MIDDLE 2	(1	asteel		REG. NO. DWN MONTH STI- STED 12	DAY YEAR 76 HOUR
NECESSARY, PLEASE UNBRAL DIRECTOR. 5 FOR YOUR FILES.	ON STREE	3 SEX	M 4. RAC	W	5. DATE OF BIRTH	YEAR LAST BIST	HDAY) MONT	DER I YR IF UNDE	R 24 HRS 26. DATE MIN PRONOUNCED DEAD	момтн	DAY YEAR 74 HOUR
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MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE FG	NERAL DIRECTO DEATH, WITH TH AORE, MARYLAN		226. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)		and the remains des	Accident A	Autop Suicide	sy , Inspecti , Homicide , TITLE (SPECIFY) D. D. D. ADDRESS 900	Undetermined manner Undetermi	and in my of or of the significant of the significa	10-15-86
07/84 BP	<u></u>	24. FU	URIAL CREMATION, PECIFY) Burial UNERAL DIRECTOR NAME John J.]	h	0/18/86 ADDRESS			eterans		Derland Se registrar's s	

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	N STREET	I. SEX		5. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA	ARS IF UN	DER 1 YR. IF UNDER 24 I	HRS. 2c. DATE	MONTH DA	1 19 86 1:36 M
	SER SER	70. BI	DREIGN COUNTRY)	76. CITIZEN OF W		8. MARR		42	_	
•	\$18 E8 C	1	ITY OR TOWN OF DEATH	11. NAME OF HO	FACRITY GIVE STREET ADDRESS)	, OR OTH	ER INSTITUTION 120	FOR MOST OF WORKING LIFE)	Coning	KIND OF BUSINESS OR INDUSTRY iber Co.
11201	ANY DE	13a S	TATE 136. COUN	OR OTHER INSTITUTION, G	13c. CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS		
E. MD.	- ESE SE		ATHER'S NAME	WIDDLE	LAST	iid_	15. MOTHER'S MAIDEN N	AME MIDDLE		LAST
TIMOR	VE PAGE VE PAGE 1 FORM GES 1 A SION C	16a \	WAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVE	RMED FORCES?	16b. SOCIAL SECURITY				ESS	
V. PRESTON ST., BA	WITHIN 24 HOURS, INCIL IN ITEM 18. GAINER ALONG WITH RANSIT PERMIT. PATAL HYGIENE, DIVER EMOVAL.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate	DUE TO, OF	R AS A CONSEQUENCE C	2. U	<i>i.</i>	EILUIOILI		APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
CORDS, 201 v	BE EXECUTED NDING" IN PERIOD OF A BURIAL - NATH AND MER CREAMATION, CREMATION, C	NO	lying couse lost.	(c)			E DR CONDITION GIVEN IN PART 1	a).		
ITAL RE	HOULD WED A USED A HELP A	IFICAT	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER.	ATION W	AS PERFORMED?		20.	AUTOPSY?
ION OF V	G THE WOOD BE WARTMEN TO THE MOULD BE WARTMEN TO BE WARTME	ICAL CER		DEATH P.A	M. MONTH DAY YEAR M. 19			NTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
DIVIS	WARDED PAGE 3 S	MED	WHILE OT WHILE AT WORK					CITY OR TOWN	COUNTY	STATE
•	TAL EXAMINER: THE CERTIFICATE HOULD BE FOR RAL DIRECTOR: ATH, WITH THE S RE, MARYLAND,						, Homicide U		ond in my apinion DATE SIGNED	0-21-84
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	DHMH - 17 (VR A15 ME (5)) 20M 4/82		NAME	ight Cum	berland, N	MD	OCT	2.4.1988	EGISTRAR'S SIGNA	TURE -
	W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH & ANY DELAY SHOCKSARY IN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEAM 18. GIVE PACES 1. TO FUNERAL DIRECTOR: PACE 3 HOULD BE USED AS A BURBAL. TRANSIT PERMIT. PAGES 1 AND SHOULD BE USED AS A BURBAL. PREMIT. PAGES 1 AND SHOULD BE USED AS A BURBAL. THE REMIT. PAGES 1 AND SHOULD BE USED AS A BURBAL. THE REMIT. PAGES 1 AND SHOULD BE USED AS BURBAL. THE REMIT. PAGES 1 AND SHOULD BE USED AS BURBAL. THE REMOVAL.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH F ANY DELAS RECEIVED WITHIN 24 HOURS AFTER DEATH F ANY DELAS RECEIVED WITHIN 24 HOURS AFTER DEATH F ANY DELAS RECEIVED WITHIN 24 HOURS AFTER DEATH F ANY DELAS RECOIVED WITH FORM THE STORE WARNING THE WORD "PENDICAL EXAMINER ALONG WITH FORM THE STORE DELAS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM THE STORE DELAS SHOULD BE STORE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION CF HALF GEORGS ON PRICADES AND STORE THE STATE DEPARTMENT OF THE	To BIRTHPLACE (STATE OR FIRST (TYPE OR PRINT) TO WEEGE ASED NAME (TYPE OR PRINT) TO BIRTHPLACE (STATE OR FIRST O	The state register representation of the remains of the remains of the resulted from: The state register representation of the remains of the remains of the resulted from:	PER PROJECT OF MEDICAL EXAMIN INDEX PROJECT OF MEDICAL EXAMINATION O	TO STATE REGISTRAR DEPARTMENT OF HEALTH REGISTRAR DATE OF BIRTH JUNE 26, 1928 B. AGE (FIN HEADER) FUN MICHAELTH REGISTRAR JUNE 26, 1928 B. AGE (FIN HEADER)	TO STATE STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTER MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTER REGISTER MEDICAL EXAMINER CONTROL OF DEATH REGISTER MEDICAL EXAMINER REGISTER AND REGISTER A	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF DEATH RC. NO. TOTAL CONTROL OF THE STATE OF THE S

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CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) CLARENCE Cecil CLARK October 16, 1986 3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS Whale White 3/2/1906 80 YRS.	P •M IF UNDER 24 HRS HOURS MIN.
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UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	of Business or
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21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	STATE
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Memorial Hospital	
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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY	STATE
BP Burial 10/19/86 New Germany UM Cem Grantsville Carre	tt. MD
DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	TORE
(VRA 15, 4) A GYPTON Grantsville, MD	A-103,

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injury, or other traumatic event, the

IMPORTANT: If hem 21 is morked as

FOR STATE REGISTRAR

STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
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	CEASED NAME	FIRST		rd Coff		Sr.	20. DATE OF DEATH	ABSLAST BIRTHDAY) IF UNDER TYEAR IF UNDER TYEAR IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. PROPERTY OF COUNTY OF DEATH AND COUNTY COUPATION OR MOST OF WORKING LIFE! INDUSTRY Self-employed DORESS / ZIP CODE Mechanic St. 21502 MIDDLE Nally ADDRESS Fey - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OR CONDITION GIVEN IN PART 1 10 SY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NEW OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STAFF PHYSICIAN 12 276. DATE SIGNED TON TON TON TON TON TON TON TO					
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16a \	WAS DECEASED EVER			166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDI	ESS	1141	-19			
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the buriol-tronsit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN, The low

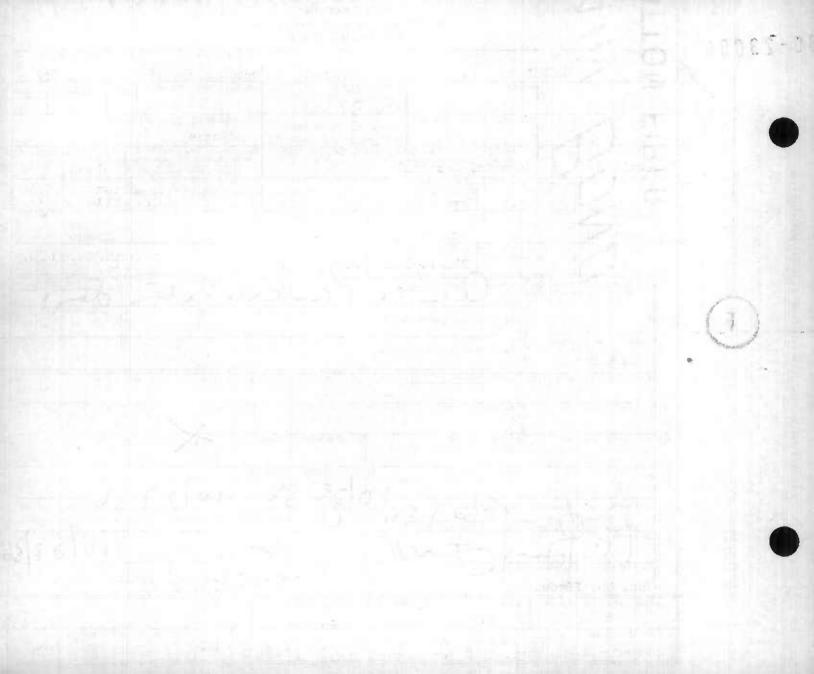
24 FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md. 25 BATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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0 -	217	75		1 -	STATE REGISTRAR				CERTI	FICATE OF DEA	TH	REG. N	0			
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	nay	n by the funeral director, page filed within 72 hours after de		3. SE			4 RACE S. DATE OF BIRTH				6. AGE JIN YEARS LAST BIR	THDAW	IF UNDER 1 YEAR	IF UNDER 24 HRS		
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	death. Page		2	7a. BI	Female RIHPLACE ISTATE OR FO	REIGN 7h	CITIZEN OF	ite WHAT COUN	JTDV2 R			9 BALTIMORE CITY O	R COUNTY	OF DEATH		
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8	cot		I I		18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED	one cause per BY:	line far (a), (1		1			BETWEEN	ONSET AND DEATH	
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00	A 40 0	17		190 DATE OF OPERATION	19b CON	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	20b. IF YES	ES, WERE FINDINGS USED		
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>	Phy phy	-01	12	OR CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. MONTH							
2	TSIC BOOK	1/	3	(IF EITHER NOTIFY MEDICAL EXAM		P.M. E OF INJURY	19	211 LOCATION					
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-	A PATE OF THE PATE	2 2		saw the deceased aliye on, and that in (my) (our) apinion death occurred on the date and haur and from the causes stated above, (1) (we) did) and not view the body after death.									
	Dec Bress	2		226. SIGNATURE DEGREE ATTENDING , MEDICAL STAFF 226. DATE SIGNED									
_	HALL SALL	2-1	1	22d. PHYSICIAN'S NAME (TY	agon	9111		PHYSICIAN [DIRECTOR PHYSI	IAN 🗌	10-	1 /-02	
	AND MAN	ORTA		Gary L. Wa	//	M.D.		925 Bishop	Walsh R	1. Cu	mb.MD	21502	
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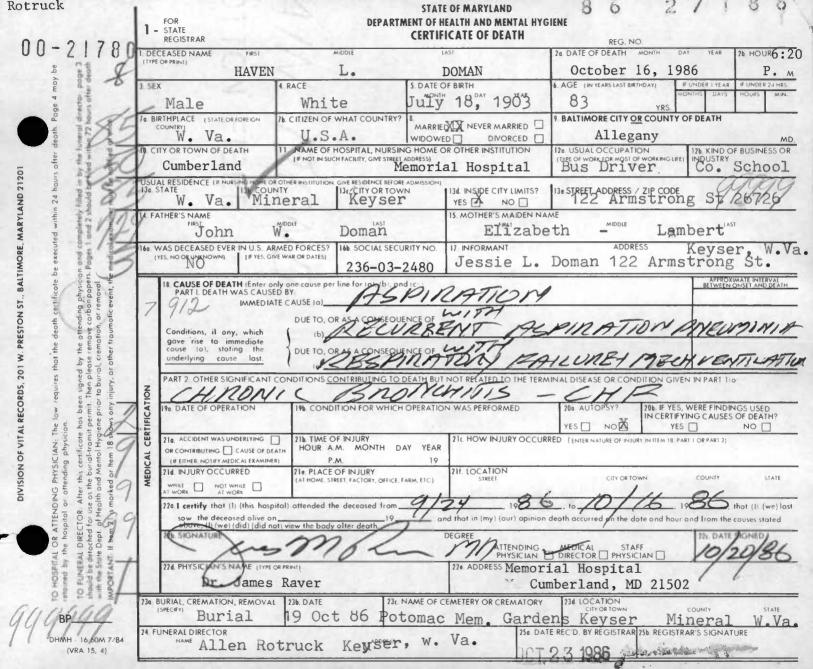
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The test of the contract of th Duck. Persons A Conv. Contes Circles In Cons. Island STA-57-0773 Mrs. C.Live DeVoire - sing as above Surdad 10/25/56 roctbors was.Fars roctburg Alles. down .. Hater, dr. crostburg, Mr.

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	g 2.5		3. SE		4. RACE		5. DATE			AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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10	C AF	20		umberland	SACRE	D HEART	HOSPI"	ΓAL		Retired Fa		Farmi	na
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IAL	1 18	6 =		18 CAUSE OF DEATH (Enter	anly ane cause pe	line far (a), (b)	and (c)		Λ			APPROXIM BETWEEN C	MATE INTERVAL DISET AND DEATH
	Physical Phy			PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a)	Car	cino	maR	1 w	nalla	(H	~	2 Mrsem
Z Z	orbe	alice of		3717120		R AS A CONSE	OLIENCE OF			0	,		
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N.	2 21			gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSE	OUENCE OF						
3	to by	1		underlying cause last.	(c)	A NO A COLOC	outiver of						
20	a pid			PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	THE TERMIN	AL DISEASE OR CON	DITION GIVE	V IN PART 110	
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00	1 0 0	10	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	WAS PERFORMED	D	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
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IV15	0 8 3 5	pos	×	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC)	SIREEI		CITORIC	AAM	COUNTY	STATE
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	B 2 5 5	21.0		saw the deceased alive abave, (I) (we) (did) (did	an lo	16 11	86	nd that in (my) (aur)	apinian de	ath accurred on the d	ate and haur o		
	A S S S S	1 5		226 SIGNATURE	nor view me dady	Grief dedin.	-	DEGREE	10.7			22c. DATE S	SIGNED
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	14 A A A A A A A A A A A A A A A A A A A	2 1		224. PHYSICIAN'S NAME (TYP	E OR PRINT)	_		22e ADDRESS	TOTAL COLOR	DIRECTOR EJ TITTOR	TAI Y		
	오늘 유명	ŏ/		A. SIVAN PILL	AT MD			915 SETC	N DRI	VE, CUMBER	MCMA IS	MD 215	02
-	29/11	OH	23a B	URIAL, CREMATION, REMOVA		12	3c NAME OF C	EMETERY OR CREM		23d LOCATION			
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71	111	NAME OF THE OWNER, THE	24 FL	INERAL DIRECTOR	110)-(25a PAJER				
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20		TY OR TOWN OF DEATH Westernport	11. NAME OF	HOSPITAL, NURSIN THE FACILITY GIVE STREET, TAN MANOT	G HOME (ADDRESS) NUTS	ing Home	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O TET. OWN	F WORKING LIFE	126 KIND O INDUSTRY Rest	aurant
影	13a S	AL RESIDENCE (IF NURSING HOME) TATE MD 136 A	e or other institution DUNTY Llegany	GIVE RESIDENCE BEFORE 136 CHY OR TOW CUMBER	land	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS. 604 LOUI	zip code siana	Avenue	/21502
9//	14 FA	THER'S NAME Joseph F	. Grande	LAST		15 MOTHER'S MAIDEN NAM	arena Branc		LAS	1
medica		VAS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	214-32-		Mr. John J.	Divíco ADDRE Devico, Sr,		rland,	MD - s
of, the		18 CAUSE OF DEATH LEnter	r anly one cause per	A	TO pe		,		BETWEEN	MATE INTERVAL ONSET AND DEATH
ws ony injury, or of	CERTIFICATION	PART 2 OTHER SIGNIFICAT				NOT RELATED TO THE TERM	20a AUTOPSY?	20b IF YES,	WERE FINDIN	NGS USED OF DEATH?
-/		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	YES RY IN ITEM 18 PAR		NO []
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21 is marked		22a 1 certify that (1) (this he saw the deceased alive abave, (1) (we) (did) (did	on	19	a	nd that in (my) (our) opinion o	, to death occurred an the d	ote and hour		that (I) (we) last couses stoted
ANT. #		226. SIGNATURE 126. PHYSICIAN'S NAME (1)	of The	7		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA DIRECTOR PHYSIC		224. DATE	1-86
IMPORTANT: H		Dr. Jesus I	H. Tan			Frostburg P		burg, 1	MD 215	32
	(URIAL, CREMATION, REMOV	23b. DATE 10-04			EMETERY OR CREMATORY r Paul Cemete:	-1		ATTega	-
OM 7/84		INERAL DIRECTOR AME F. Scarpe	elli, Cumb	perland,	MD 21		REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNAT	URE



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ALLEG DECOME ASPACE, V. VE.

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ST., BAI	g physici sonpaper remaval.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	atn7	Carles	۷.	BETWEEN	MATE INTERVAL ONSET AND DEATH
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W. PR	that the day the ease remo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF FR	to H	+ aseuron		
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AL RECORDS	he low on.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	/AS PERFORMED	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [
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	etained by TO FUNERA should be de with the Stat		JOHN MEHANNA		111	909-B SETC	N DR. CUMBERLANI	D, MD/ 21	1502
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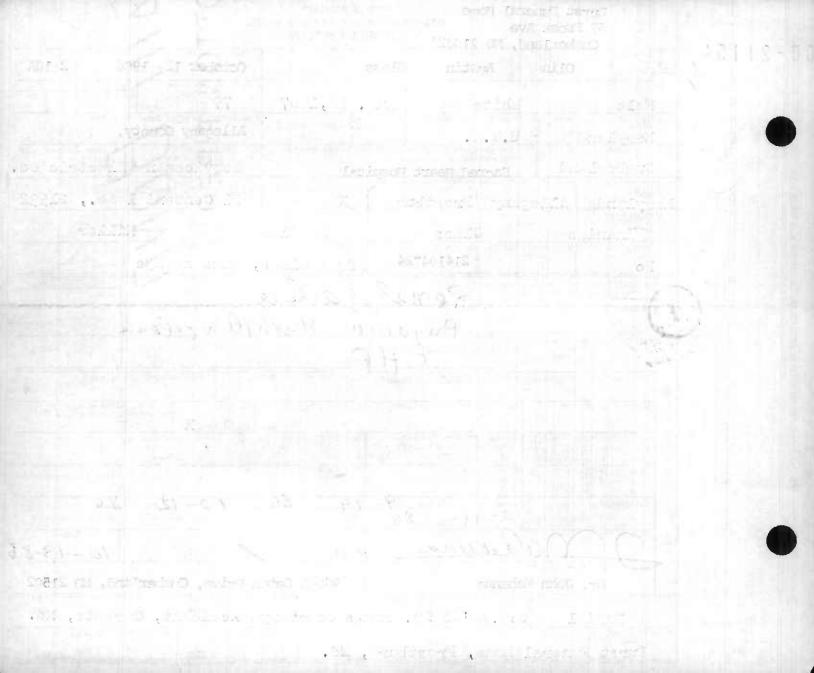
17871-00 e moli de la catalo del minimum and any state of the st toutered granelly marger consent littlement DHV85/or Communication, Pd. 27539 P. T. E. B. Marine

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		1. DE	CEASED NAME	FIRST	· · · · · · · · · · · · · · · · · · ·	MIDDLE			AST	. 20	DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
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	nerol and nary	0. 0	MARYLAND	REIGN	USA	WHAT COUR	- 0	MARRIE	NEVER MARRIE	0 1	ALLÉGANY	<u> </u>	IT OF DEATH	MD.
5/	s offer for the further than the further	1	CUMBERLAND		RFD# T	BOX/	268-	B B	R OTHER INSTITUTIO		RETIRED EC			ATOR
AND 212	filled in		AL RESIDENCE (IF NURSING STATE 1. MARYLAND	ALLE	OTHER INSTITUTION TY GANY	GIVE RESIDENCE 136. CITY OF CUMBER	E BEFORE AD R TOWN LAND	OMISSION)	136. INSIDE CITY LIM	UTS? 13	REDIT ADDRESS	# 26	8-B 21	1502
MARYL	THE PARTY	1	JOHN		AIDDLE	FOLK	57		15. MOTHER'S MAID	EN NAME	WIDDLE	KE	RR LAS	ST
IIMORE,	e (A A	160 \	VAS DECEASED EVER IN YES NO ORUNKNOWN)		MED FORCES? WAR OR DATES)	217-1			NINA FOLK	K RFD	ADDR 1 BOX 26			
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	00 300 E		220.1 certify that (I) (t			e deceased	from				, to			that (I) (we) last
	R ATTEN hospital RECTOR red for u	17	sow the deceased above, (1) (we) (dia	olive on, d) (did not	view the body	after deoth.	_19		d that in (my) (our) a	pinion dec	oth occurred on the d	ate and h		
	the the Direction of th		226. SIGNATURE	V/e	nh				ATTEND PHYSIC 220 ADDRESS	DING TO	MEDICAL STA	FF CIAN [Oct 8	8,1986
	etained by TO FUNERA should be d with the Sta		DR. H. CU	JRTIS		CK			MEMORIAL		ITAL MEDIC	CAL B	UILDING	
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	(VRA 15, 4)	S	ILCOX=MERRI	IT FU	INERAL S	SERVIĈ	E CU	MBERI	AND MARY	AND (CT 1 0 19	Ų.		121

COLUMN CHARLES CONTRACTOR OF THE COLUMN COLU

-0	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH		G. NO.	/ 1	7 4
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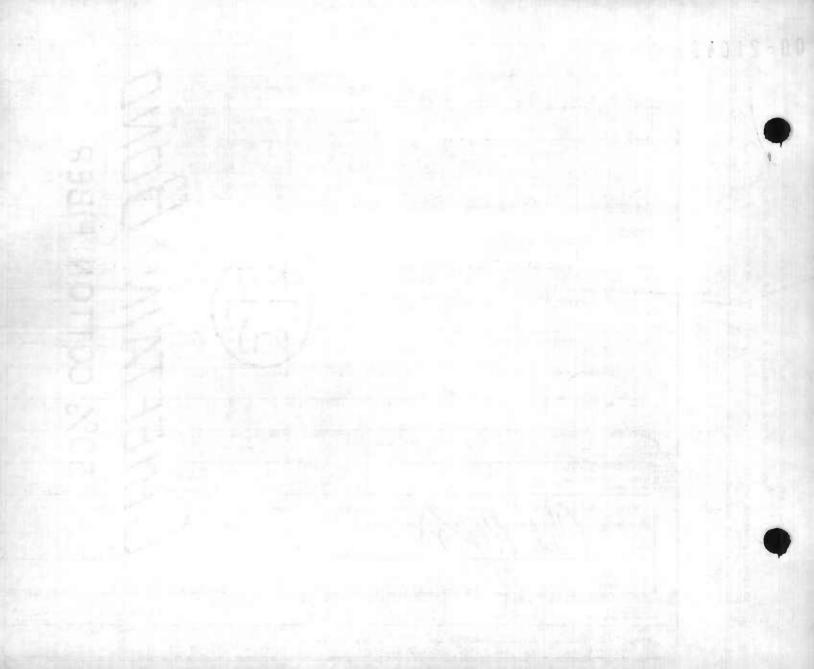
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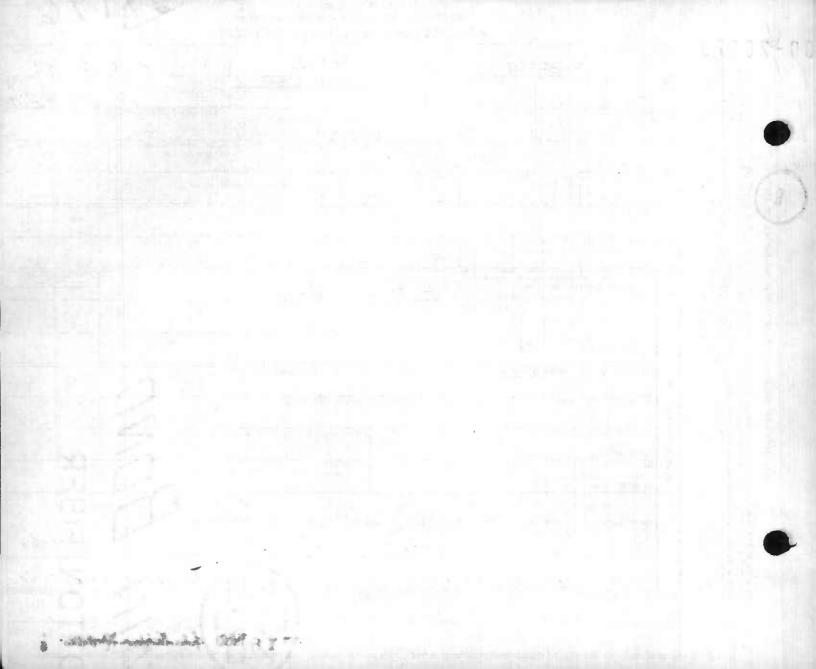


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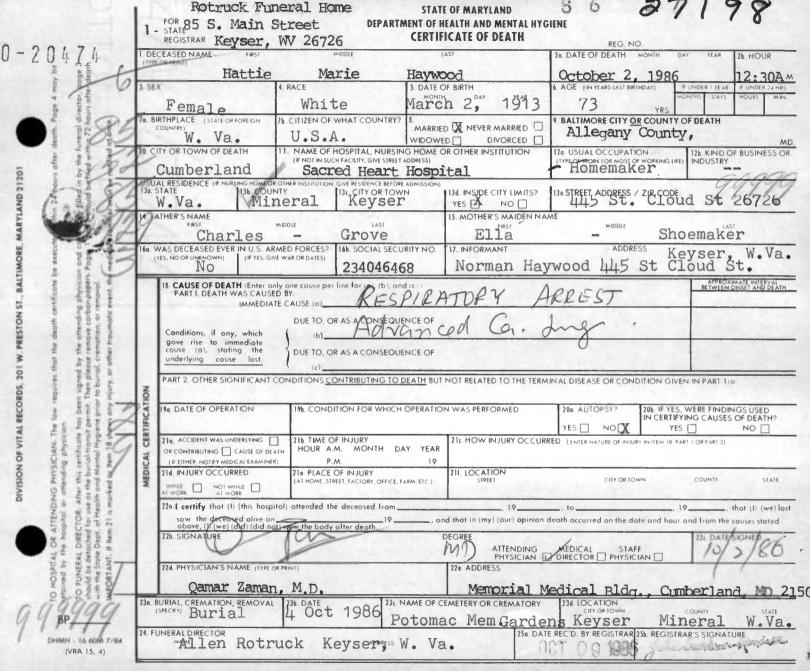
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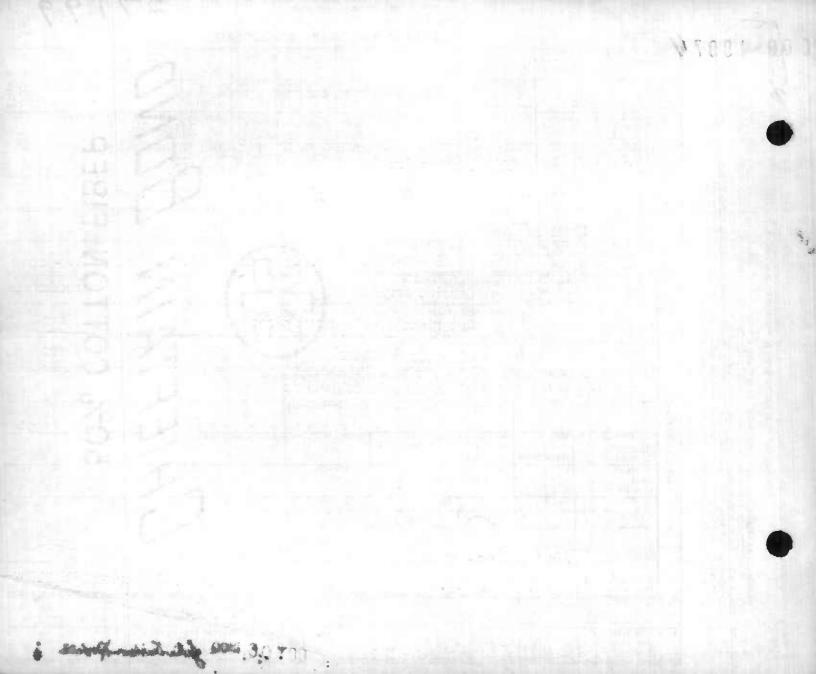
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		CEASED NAME FIRS	MIDD)LE	1/	AST	20. DATE OF DEATH	MONTH DAY Y	YEAR 26 HOUR
page 3	190	WILLI		GIL	HARTS		October		4:50 P
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TO HOSPITAL TO FUNERAL should be det with the State IMPORTANT:		A CONTRACTOR OF THE PARTY OF TH	res			Cumbe	rland, MD 2	al Medical 21502	Building
BP	L	BURIAL, CREMATION, REMO (SPECIET) BUrial		100000		METERY OR CREMATORY Memorial Park	23d LOCATION CITY OF TOWN CUMber1	and Allega	any MD
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STATE OF MARYLAND - STATE REGISTRAR LEASED NAME KNOWNX HOYLE (TYPE OR PRINT) ESTI-BETTY ANN DEATH MATED 3 SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR 2c. DATE 55 VDC PRONOUNCED 1205P 30 10 18 Female Cau DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Allegany USA ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Hampshire Cumberland housewife own home Allegany Cumber Tand 13e. 212 ANEWSHamp. Ave Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Clyde Stump Myrtle Kerns 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-28-7682 Mr. Craig L. Hoyle, Lancaster, PA - son APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease years Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underyears lying cause last Diabetes Mellitus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Old myocardial infarction; chronic cellulitis 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 71a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f LOCATION 71e PLACE OF INJURY (ATHOME AT WORK AT WORK STREET, FACTORY, FARM, FIC.) 220. I certify that Ataak charge of the remains described above, held an Autopsy Inspection death resulted from Hamicide Undetermined manner Natural causes 10 - 1 - 86DATE SIGNATURE MEDICAL EXAMINER SIGNED ADDRESS Memorial Hospital Cumberland Md 21502 EXAMINER'S NAME Paul Snow, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 10-04-1986 Sunset Memorial Park Cumberland 24 FUNERAL DIRECTOR DHMH - 17 James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))



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		PECEASED NAME FIRST	6, MD 21502	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
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moy po	3.	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 H
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF ALLEGANY COUNTY	FDEATH
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Th	2	Maryland Al:	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TO Legany Cumber	land YES 🛮 NO 🗌	419 Washington S	t. 21502
LEG	1	FATHER'S NAME FIRST John P. Ko	elly LAST	15. MOTHER'S MAIDEN N	Ella Footen	LAST
recur per l ges l	160	WAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)		ADDRESS	
9 9 9		no	220-28-	-9217 William E.	Kelly, Boston, Mass	APPROXIMATE INTERVA
es that the death cer ned by the attending please remove carbo urial, cremation, ar re , ar other traumatic e		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO OR	VENCE DE LA MANGIOLI DENCE DE LETTIMA	Tas RMINAL DISEASE OR CONDITION GIVEN	1 well
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END Polo Polo Heol		saw the deceased alive ai	nital) attended the deceased from 19	, and that in (my) (aur) apinio	, to, 19. on death accurred on the date and hour ar	nd from the causes state
ATT ospired for d for m 2		and SIGNATURE	Maggaeco	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10-17-8C
by the haspiteRAL DIRECTOR detached for Sinter Dept. of N. W.	1	224 PHYSICIAN'S NAME TYPE		118 AUUKESS		
TO HOSPITAL OR ATT etained by the hospit TO FUNERAL DIRECTS should be detached for with the State Dept of MAPORTANT. If them 21	/	22d PHYSICIAN'S NAME (TYPE		BMG 912 SE	TON DRIVE, CUMBERLA	ND, MD 21502

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1-	FOR STATE REGISTRAR			DEPARTN	ENT OF H	OF MARY EALTH AN ICATE OI	D MENTAL HYG		3 . NO.	720	12
	CEASED NAME OR PRINT)	GILBER		WILLIAM		ERNS		20. DATE OF DEAT		DAY YEAR	26 HOUR 8:00 P.M
1. SEX	Male		RACE Whit	e	5. DATE C MONTH Sept	DAY	1925	6 AGE (IN YEARS LA	ST BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
C	TY OR TOWN OF DE		US		WIDOWE	D	R MARRIED DIVORCED		_ legany		MD.
Cı	mberland		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A TEMORIAL	Hospi		ASTITUTION	TYPE OF WORK FOR MI Custodi	an .	Jan	itorial
13a. S Ma	TATE TYPIAND THER'S NAME	Alle	Y	Cumber	۱ ۱	YES 🗌	NO 🔀		30x-34	erland 3-Vall	,Md. ey Road
	Clyde		DDIE	Kerns		F	Rosella	MIDD		Dida	wick
17	(AS DECEASED EVER ES. NO OR UNKNOWN) Yes		WAR OR DATES)	234-38-9		Evel	Culti	berland ^{Al} ns-Rt8		1502 343	
	18 CAUSE OF DEAT PART I. DEATH V		BY:	Issection	01	Ascen	ly ann	aneusy	h	APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	Conditions, if any gave rise to im couse (a), stati underlying couse	mediate ng the	(b)_	AS A CONSEQUE	NCE OF	ac To	hpon Ad	le.			
ATION	PART 2 OTHER SIG	ne		INTRIBUTING TO D				IN AL DISEASE OR C		ES, WERE FINDU	

Canditians, if any, which gave rise to immediate couse (o), stoting the DUE underlying couse last PART 2 OTHER SIGNIFICANT CONDITIO 190 DATE OF OPERATION 19b. (NO ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211, LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospito?) and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated

226. SIGNATURE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

Memorial Hospital Med. Bldg., Cumberland, MD 21502

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Dr. H. Diener 23a BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

23b DATE 11-1-86

231 NAME OF CEMETERY OR CREMATORY Sunset Mem. Park

DEGREE

23d LOCATION

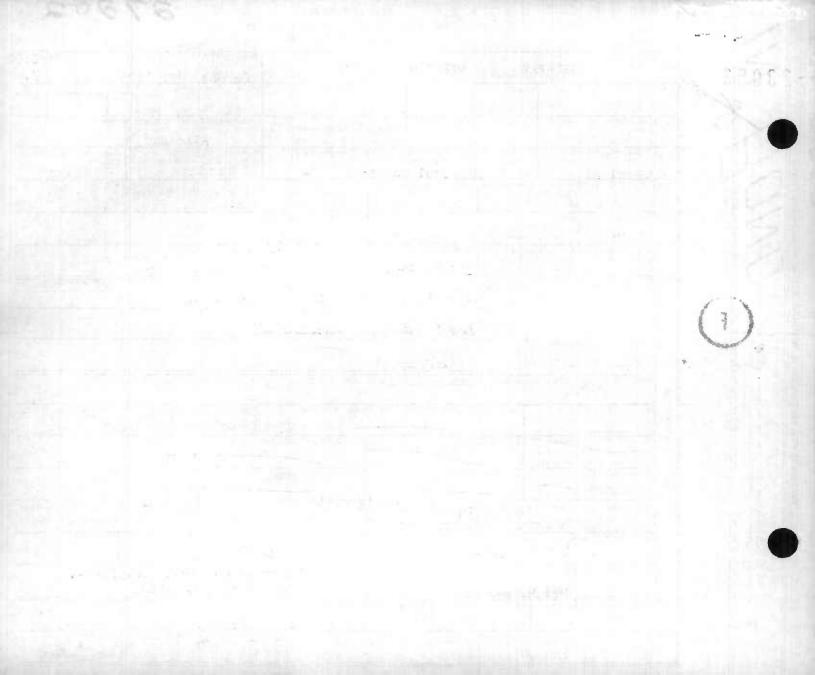
COUNTY STATE

22c DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

Leasure-Stein, Inc. 230 Baltimore Ave.

Cumberland Allegany Cumberland, Maryland 21502 29 PATE REC D. BY REGISTRAR'S SIGNATURE



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3 1 1 5 MUA.	11	STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. N		- 1
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ITAL OR. by the ho RAL DIRE detached tote Dept		22b. SIGNATURE	whi		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	·F	SIGNED
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F =	230 E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		
BP		JNERAL DIRECTOR	9/27/86	Davis	Mem.Park	Oldtown F	Rd. Allega	ny, MD

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4 m#		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deat deat		GEORGE	LESTER	KLINE	OCTOBER 29, 198	
fer p	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
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101/			ME. Kline		chel Rubin	LAST
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t. Th	CERTIFICATION	19a DATE OF OPERATION	Ties condition for will	IICH OPERATION WAS PERFORMED	20s AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
So present	FIC	148 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	INCER	TIFYING CAUSES OF DEATH?
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21 10		above (II) en (did (did no		and that In (my (our) apinio	on death occurred on the date and h	our and from the couses stated
hed hed hem		TH SIGNATURE	1	DEGREE	,	22c. DATE SIGNED
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TO FUNERAL should be det with the State		DR. W. GOY FIS	cus	CUMBERLAND,		
Or only Miles	23a	BURIAL, CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATORY	23d LOCATION	
P		(SPECIFY) Burial	10-31-1986	East View Cemetery	Cumberland	Allegany MD
	24 F	UNERAL DIRECTOR		25a D.	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
MH - 16 60M 7/B4 (VRA 15 4)		James F. Scarpe	elli. Cumberlan	d. MD 21502	V OF 1900 AL	in Du lace

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STATE OF MARYLAND

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		NECESSARY, PLEASE UNERAL DIRECTOR. OUR FILES 172 HOURS		N	ale	White	San D	YEAR LAST BIR			URS MIN P	C DATE RONOUNCED DEAD	10-7	1,86	4:30 P. M
		NECESSA FUNERAL PREST	11	2	PLACE (ST	ATE OR	76. CITIZEN OF WH	HAT COUNTRY?	8 MARR	IED TNEVER	MARRIED 0	BALTIMORE CITY	OR COUNTY C	OF DEATH	
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	MD.	Company	01	y . F/	THER'S NAME		WIDGIE	LAST		15 MOTHER'S A	MAIDEN NAME	MIDDLE		LAST	
	E.	30235	11	1	Frank	2	Middle	Kyle			uth	MIDDEE	T	ichnel	1
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	-	WIT PA			IB CAUSE O	F DEATH (Enter o	inly ane cause per line	for (a), (b), and (c).)	44-1					APPROXIMATE BETWEEN ONSE	INTERVAL
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	2	SHOOT STANS	6		UNDERLYING	OR	HOUR A.M	MONTH DAY Y	EAR	bject wa					
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		A SOSE				1.	rge of the remains		Autop	Hamicide	pection		nd in my opinio	n	
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		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFFER DEATH, WITH THE ST ASSERT DEATH AND THE ST			(TYPE OR PRIN	vi) Dell	nis F. Smy			NOOKE 33		St., Balto	o., Md.	2120	1
				73a.B	URIAL, CREMAT	ION, REMOVAL	10/10/86			Mem. Par	23d. LOC CITY O	ation umberland	ATHY	gany M	d.
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		DHMH - 17 (VR A15 ME (5))	211	NAME	Funeral	Service	esternpor	Md.	230.	UCT 10	REGISTRAR 256 REG	ISTRAK 5 SIGN	MIUKE	

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ector ars of		,	Male	Cauca	asian	12/	24/14	71	YRS.	INS DATS	HOURS MIN.
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filled in hould be	r Nustrbe			HOME OR OTHER INSTITUTION GOUNTY Bedford	Buffalo	N		Box 142,	ZIP CODE /	15534	1999
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D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the difference by the hospital or attending physician. C FUNERAL DIRECTOR: After this certificate has been signed by the obtained be detached for use as the burial-transit permit. Then please remoint the State Dept. of Health and Mental Hygiene prior to burial, cremating the State Dept.	MFORTANT: If them 21 is morked or them 18 shows any injury, or other trou		gove rise to immed couse (a), stoling underlying couse II PART 2. OTHER SIGNIFI PART 2. OTHER SIGNIFI GOVERNMENT OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION (IF ETHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220. I certify that (1) (this sow the deceased of obove, (1) (we) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	CANT CONDITIONS CI CANT CONDITIONS CI N 196 COND YING 196 COND	ONTRIBUTING TO LESS OF INJURY OF INJURY OF INJURY OF INJURY THE INFORMATION OF INJURY THE INSURY THE INSURY	ENCE OF INCLUDE AT HE BUT COPERATION AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM MONDOCLY N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET 19 nd that in (my) (our) opinion DEGREE	200 AUTOPSY? YES NO RED CITY OR TO death occurred on the death occurred occurred on the death occurred occurred on the death occurred occur	20b. IF YES, WIN CERTIFYIN YES THE TRY IN ITEM TO PART OWN 19_ ote ond hour on FF	COUNTY COUNTY 22c. DATE	STATE that (I) (we) lost couses stated

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STATE OF MARYLAND - STATE DECEASED NAME 2a. DATE KNOWN I (TYPE OR PRINT) OF ESTI-Charles 3 SEX 4. RACE IF UNDER 24 HRS 2c DATE PRONOUNCED 07/15/59 DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany W. VA. IN CITY OR TOWN OF DEATH Dakery IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Cumberland Memorial Hospital 1aborer Cumberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | R D 1/ 15545 13CCITY OR TOWN Bedford PA Hyndman FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Smith Landis Martha Charles Ray 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS PA 15545 present-Nat. Gu. 211 36 3782 Donna K. Landis, Box 25, R D 1, Hyndman, IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) DUE TO, OR AS A CONSEQUENCE cerebral structures Canditians, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Fracture YES NO C 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY 11:45 P.M. CONTRIBUTING CAUSE OF DEATH 211 LOCATION (AT HOME. AT WORK - AT WORK 22a I certify that I taak charge of the remains descri death resulted fram: Natural causes Accident Suicide Homicide TITLE (SPECIFY) ACTUAL DATE SIGNATURE. EXAMINER'S NAME ZOTON (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 23d. LOCATION 10/17/86 Burial Porter Cemetery Londonderry Two, Bedford IVE ATS ME (ST) Zeigler, Hyndman, PA

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	-6	1	REGISTRAR	// 0 +	ME		XAMINE	R'S CEI	RTIFIC	ATE OF	DEATH	RE	G. NO.		
nn-	- 22020		CEASED NAME			MIDDLE		LAS	T		2a. C	OF ESTI-	N X MOI	NTH DAY YEAR	2b HOUR
00	少多的地面 子			NEIL	TUTAL	u .	LANE				D	EATH MATE		0-26-86	M
	20世史日	I SE		4. RACE	5. DATE OF BIRTH	YEAR	. AGE (IN YEARS	IF UNDE	R 1 YR.	HOURS /	4 HRS. 2c.	DATE NOUNCED	MON	NTH DAY YEAR	2d HOUR
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6 7 7	DHMH - 17		NAME	See 5	the House	0			12	ou. DATE REC	C D. BY REG	ISTRAR 25b	REGISTRAR	R'S SIGNATURE	
	(VR A15 ME (5))	M	arkwood	-McKenzi	e Funeral	Home,	keyser	, W.V	a.	MAY C	365	iti i		the The Asia	
												198	4		

STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO DECEASED NAME a DATE KNOWN (TYPE OR PRINT) Mae DEATH MATED 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 6-21-1915 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY Allegany U.S.A. WIDOWED X DIVORCED ME GITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS OR INDUSTRY Memorial Hospital FOR MOST OF WORKING LIFE)
Housewife Cumberland RSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Upshur BILCHANDA YES X Vai A-FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Tolliver Heavner Hugh Ora Virginia Gayheart 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Salem Grange Boad Salem O No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO. lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10: AM 10/26/88 CONTRIBUTING CAUSE OF DEATH Auto Wreck 21d INJURY OCCURRED TE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK Near Flintstone Alleg., Md. U. S.Route 40 270 I certify that I took charge of the remains described above, held an and in my apinion death resulted fram: Natural causes Accident Hamicide TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Olive HMC Cemetery Buckh Funeral Home, Keyser, W.Va. (VR A15 ME (51)

TOTAL POST TOTAL

Virginia Gayheart 34436 Salem Grange Road Salem.Ohio

10:45 h 20/20/76 k vo reck

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U. S.Rouse 40 near Plintstone, Allege, 1d.

Scarperin STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST In DATE OF DEATH MONTH TYPE OF PRINTS IRENE W LAPP October 16, 1986 4. HACE 5. DATE OF BRITH & AGE (INVENESUAL BRITISHOW) IF LIMITER 1 YEAR ANCIPITH NAME Female White Aug. TO BUTTHPLACE ILLATE OF FORDIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED W Maryland Allegany WIDOWED DIVORCED [] IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LITTE OF WORK FOR MOST OF WORKING LITTED INDUSTRY Cumber land Memorial Hospital Retired Teacher High School ISUAL RESIDENCE OF HURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REPORT ADMISSION 13. STREET ADDRESS / ZIP CODE 906 Oldtown Road - 21502 HIS COUNTY DE CITY OF TOWN 13d INSIDE CITY LIMITS? Maryland Cumberland A PATHER'S NAME 15. MOTHER'S MAIDEN NAME Henry A. Lapp Handel 166 SOCIAL SECURITY NO Ide WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT OF YES, GIVE WAR DEDINES! 219-34-7285 Lapp, Cumberland, Md. IB. CAUSE OF DEATH Enter only one couse per line PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if any, which cause (a), stating DUE TO: 0 underlying MINAL DISEASE OR CONDITION GIVEN IN PART TIG No DATE OF OPERATION 20s. IF YES, WERE FINDINGS USED 28a AUTOPST IN CERTIFYING CAUSES OF DEATH? The ACCEPTAL WAS IMPERITING [...] TIN TIME OF INJURY THE HOW INJURY OCCURRED. (ENTER WATURE OF HALPS OF HILLS OF HALP SOFT PART TO PART 25 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH LE EXTREM, NICHEY MEDICAL EXAMINERS P.M. 214. INJURY OCCURRED 21s. PLACE OF INJURY TH LOCATION AT HOME STREET THETOPY OFFICE FARM WHILE DISCHARGE D 22s.t certify t and that in (my) (our) apinion death accurred on the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN 77e. ADDRESS 955 Frederick Street Dr. Anthony J. Bollino Cumberland, MD 21502 23d LOCATION 23s BURIAL CREMATION, REMOVAL 236 DATE 731. NAME OF CEMETERY OR CREMATORY "Burial Hillcrest Burial Park Cumberland, Allegany, Md. 10-17-86 74. FUNERAL DIRECTOR 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Cumberland, Md. 21502 OCT 211 James F. Scarpelli (VRA 15, 4)

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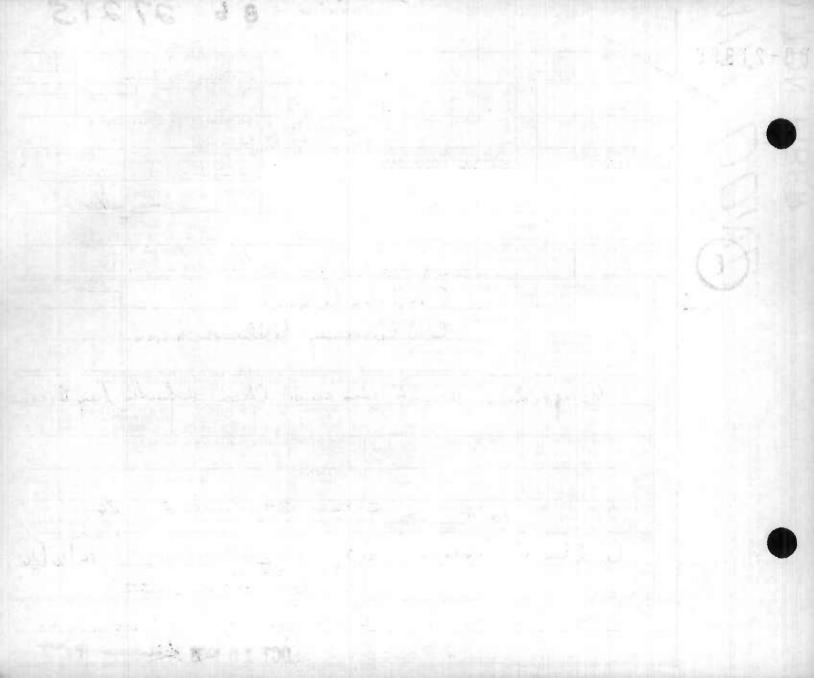
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-	1	FOR VIRO	GINIA AVE., DEPAR	TMENT OF	HEALTH AND MENTAL HY	GIENE	
1-129926		REGISTRA CUMBERLANT	D,MD 21502	CERTI	FICATE OF DEATH	REG. NO.	
. 1/0 0 6 0		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 6		LILLIA	AN IRENE	LOS	GDON	OCTOBER 1, 1986	10:55 MA
0 0 1	3. SE	Х	4 RACE		OF BIRTH	6. AGE (IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 94		female	white	MON	55-07-1933 ⁵ ^°	53 YRS	MONTHS DATS HOURS MIN.
A 41 01	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(? 8	ED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 11 22		MD	USA	WIDOW		ALLEGANY COU	NTY MD.
1 17 1/1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	126 KIND OF BUSINESS OR
5 11 1		Cumberland	CACDED HEADT LY	CDITA	L	housewife .	own home
3 00	13a.				1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	DE
A 1 /18 72			llegany Pinto		YES NO NO	Route 6 Box 23	33/21556
E 中報 1/	14)F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	MIDDLE	LAST
A B 44 (3/1	V	Herman S	-			Mae Burkett	
# P P P /			RMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS	
M 20 00 1/		no	218 38	0375	Mr. Walter	D. Logsdon, Sr,	Pinto, MD-husban
BAL Cotte		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b),	and (c).1	C 0 -	bandon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.			TE CAUSE (o)	\	4	19-40-0	
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A de		Canditians, if any, which gove rise to immediate	(b)				1
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De principal de la company de	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BU	I NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION G	IVEN IN PARI Tra
8 1 11807	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF YE	ES, WERE FINDINGS USED
	E E						IFYING CAUSES OF DEATH?
E TESTA	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
8 34 44 19		OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
S S S S S S S S S S S S S S S S S S S	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		TH LOCATION	CITY OR TOWN	COUNTY STATE
NIS CONTRACTOR OF STREET	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC	1/10 0		
9 4 9 9 9		22a.1 certify that (I) (this hosp	oital) attended the deceased from	Gi	/10 19 V	6, to 0/1	, 19, that (I) (we) lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		saw the deceased alive ar above, (I) (we) (did) (did no	ot) view the bady after death	Y Co.	and that in (my) (aur) apinian	death occurred on the date and ha	iur and from the causes stated
OR A DIREC Ched Dept		226. SIGNATURE			DEGREE		224. DATE SIGNED
75 75 9 7		VI	(2/m=	h		MEDICAL STAFF DIRECTOR PHYSICIAN	10/1/60
HOSPITAL ned by the FUNERAL sid be det the Stote	1	226. PHYSICIAN'S NAME (TYPE	OKPRINT!		22e ADDRESS		100
TO HOSPITA retoined by TO FUNERA should be de with the Stot		RENATO ES	PINA. MD		907 SETON D	RIVE, CUMBERLAND	. MD 21502
55 543 3		BURIAL, CREMATION, REMOVAL	L 236 DATE 23		CEMETERY OR CREMATORY	236 LOCATION	COUNTY STATE
BP		Burial	10-3-1986 F	locky (Gap V/A Cemete		Allegany MD
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS		100 100 100 100 100 100 100 100 100 100	TE REC'D. BY REGISTRAR 256. REGIS	
(VRA 15, 4)		James F. Scarpe	elli, Cumberland	, MD 2	21502	(03 has gulant	1. 10

STATE OF MARYLAND



1-21593	1.	FOR STATE REGISTRAR			DEF		NT OF HEA	T MARYLA LTH AND N ATE OF D	ENTAL HYG	BIENE	REG. N	o. 1	0		0	
# M.4		00.00	RVEN		M _C DOI	IALD	MA	RTIN		2s. DATE	OF DEATH	10	12		26 HOUR 1309	H _M
ge 4 or	3. SE)	MALE	4.	CAL	USC. WI	HITE	DATE OF	O3	1 5	71	YEARS LAST BE	THDAY)	IF UNDER	DATS	HOURS A	AIN.
12 12 Per	(RTHPLACE (STATE OR FOR OUNTRY) PENNA.	EIGN 76		WHAT COUR		MARRIED (NEVER M	ARRIED O	9 BALTIM	ALLEG				1	MD.
A 01 5	CUM	TY OR TOWN OF DEATH BERLAND	D	O.A N	HOSPITAL, N JCH FACILITY, GIM MEMORIA	L HO	DRESSI OSPITA		NOITUTION	(TYPE OF W	L OCCUPAT ORK FOR MOST (ED WE:	OF WORKING LI	E) INDU	ISTRY	BUSINESS	OR
13	30 5		FAYET	1	130 CITY OF	RTOWN	113		NO 💢	2000	ADDRESS	/ ZIP CODI	RFD#	2 H	ARDY I	HLI
	IL.FA	THER'S NAME DENNIS		VEN	MARTÎ			AGNES		ME A	#EOU		LAIN	LAST	111	7
MORE Property	lán V	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) YES	U.S. ARME	D FORCES? VAR OR DATES)	160 SOCIA			THE I	MEMORIA	AL HOS					NUE	
25, 201 W. PRESTO pures that the depth signed by the other set please remove or a build, cremotion, pury, or other troomio	N	Conditions, if any, v gove rise to imme- tuse (a), stating underlying cause	diote the last.	(b)_ DUE TO, (c)	OR AS A CON	ISEQUEN	CE OF	OL RELATED	TO THE TERM		ASE OR COM	IDITION GIV	VEN IN P	ART Ira		=
A RECORD	TIFICATION	190 DATE OF OPERATIO	ON	19b CON	DITION FOR V	WHICH O	PERATION	WAS PERFO	*		TOPSY?				GS USED OF DEATH?	
PHYSICIAN Thending physicials the certificate the behind from all Montal Hyging of the physicial from the ph	MEDICAL CERT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	JSE OF DEATH (EXAMINER)	HOUR A	OF INJURY A.M. MONT P.M. E OF INJURY STREET, FACTORY		YEAR 19	If LOCATION STREET	JURY OCCUR	RED (ENTER	CITY OR TO		PART I OR P		STAT	E
DIV CS ATTENDING * hospital or oth DSECTOR. After ched for use as 1 Dept. of Health or I here 21 is mark		22a I certify that (I) (the saw the deceased abave, (I) (we) juice 27b. SIGNATURE	his haspital			19	DE	GREE		, to			19 or and fice 22c.		hat (1) (we) ausedstated	
D HOSPITAL mined by th D FUNERAL spuid be det the the State		226. PHYSICIAN'S NAM	NE (TYPE ORP	RINT)	NA',	N	47		HYSICIAN [(it	7
BP	24 F	BURIAL, CREMATION, RE SPECIFY) BURIAL UNERAL DIRECTOR		23h DATE OCT 15	1986	MT.	AUBU	RN CEM	ETERY 25a DA	DUN	CATION ITY OR TOWN	AYETT 256 REGIS		VIVS		
(VRA 15, 4)		SILĈÔX-MERRI	LLL FL	JNEKAL	2FKAT(JE C	NAREKI	AND M	ARYLAN	1		L				

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Scar	cpe11	li /		1 -	- STATE REGISTRAR					STATE OF MARYLAND RIMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.				
- 7	30	95	10		EASED NAME	FIRST	,	AIDDLE		AST		ONTH DAY	YEAR	26. HOUE: 09
	9 6	deoth deoth	- 3	TYPE	OR PRINT)	MARY		JANE	M	CELFISH	October 28	1986		Р. м
	ao y	. bo		3. SEX		-	4. RACE	911111	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
	ge 4	rs of			female		whit	е	MONTH	04-27-1895	91	YRS.	HS DAYS	HOURS MIN.
0	eoth. Po	n 72 hou	3	7a. BII	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTI	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR Alles		DEATH	MD
10	s ofter d	fled with	0		ry or town of DEA Cumberland		(# NOT IN SUC	H FACILITY, GIVE ST	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V housewife	VORKING LIFE) IN	26. KIND OF NDUSTRY OWN	BUSINESS OR
A MICH 12	None I	filled in nould be	5	USUA 13a S	L RESIDENCE (IF NURS TATE MD	136 COUN	other institution, ty legany	13c. CITY OR T		13d Inside City Limits? Yes \(\text{NO \(\mathbb{X} \)	13. STREET ADDRESS / 2 Baltimore		1502	
MARYL	1	ond st	0	14 FA	THER'S NAME FIRST		nfn)	LAST		15. MOTHER'S MAIDEN N	(nmn) ^{MIDDLE}		LAST	
IMORE,	oe execut	Pages 1	1	(1	AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SI 214-05		William O. N	ADDRESS McElfish, Jr,		ore,	MD- son
ST., BALT	rtificate b	a physicio on popers emovol. event, the			18 CAUSE OF DEAT! PART I. DEATH W		y one couse per) BY: E CAUSE (o)	line for (4)	ond ici.	U bber	PT bleedin	e		AATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA	s that the death ce	ed by the ottendin bleose remave corb riol, cremotian, or i or ather traumatic			Conditions, if ony, gove rise to imm cause (a), statin underlying cause	nediote g the lost.	(b) DUE TO, OI (c)	R AS A CONSE	QUENCE OF	e peptio	Medie	æ.		
AL RECORDS, 3	he law require	te has been sign ssit permit. Then i giene prior to bu shaw, any injury,	2	CERTIFICATION	19a DATE OF OPERAL	ganic	- Ra	in Syn	dure	WAS PERFORMED	MINAL DISEASE OR CONDI	20b. IF YES, WE IN CERTIFYING YES	ERE FINDIN	GS USED
OF VIT	g physic	certificate priol-transi ental Hygi ttem 18 sh	9		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	NE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	N ITEM 18 PART I	OR PART 2)	4
IVISION	JG PHYS offendin	After this of a street of the order of the o		MEDICAL	21d INJURY OCCURE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFI	ICE, FARM, ETC }	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
•	TTENDIA pital or	TOR: At for use o of Health			22a.1 certify that (1) sow the decease above, (1) (we) (d						, to n death occurred on the date	ond hour and		hot (I) (we) lost auses stoted
		At DIREC detoched ote Dept. IT: If Item			22b. SIGNATURE	and the				DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	N 🗆	DATE S	29/86
		TO FUNERAL should be det with the State MPORTANT:	1		Dr. N.					222 ADDRESS Memo	rial Hospital erland, MD 21	Med.	Bldg.	
	BP_			23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 10-30			emetery or crematory est Burial Pa	23d LOCATION		egany	STATE
		16 60M 7/ (A 15, 4)	84	24 FL	James F.	Scarp	elli, C	ADDRE		25a. Da	ATE REC'D. BY REGISTRAR 25			RE

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a de la companya de l

TO HOSPITAL

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27218

	REGISTRAR				4214111	TANIE OF DEA		REG	. NO.				
	CEASED NAME	FIRST		MIDDLE	Ł	AST	-	20. DATE OF DEATH	HINOM H	DAY	EAR	76 HOU	
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John J. Hafer, Jr. LaVale, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR HAFER FUNERAL HOME

STATE OF MARYLAND

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NG PHYS office this cas the bur th and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE LAT HOME, STI		OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
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the hour DIRE		22% SIGNATUR	B	rea	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR ☐ PHYSI	FF CIAN []	22c. DATE	SIGNED /N
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₽₽ ₽₹\$ ₹		BURIAL, CREMATION, REMOVAL	23b. DATE OCT 29	1986		EMETERY OR CREMATORY T BURIAL PARK	23d. LOCATION CUMBERLAN	D ALL	EGÄNY M	ARYLÄND
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR KK "AMES ILCOX-MERR	ITT FUN	ERAL ^H	ÖME CUME		E REC'D. BY REGISTRAN		TRAR'S SIGNA	

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DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	FOR STATE REGISTRAR		DEPART		EALTH AND I	MENTAL HYGI DEATH						
	EASED NAME AND		ELizabe	th Mor	reland	d	2a DATE OF DEA	EG. NO.	DAY 15	VEAR 86	26 HOU	IR 46PA
3. SEX	temale	Cauca		5 DATE C	OF BIRTH	93	6 AGE (IN YEARS)	73 YR	MONTHS	DAYS	IF UNDER	24 HRS MIN.
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24 FU	NERAL DIRECTOR	March Harr	DDRES	00/4.0	Menda		REC'D. BY REGIS	TRAR 256. REC	GISTRAR'S	SIGNATI	JRE	0

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- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Raymond A. Norris DEATH MATED 86 4 RACE 3. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED male white 06-07-1904 DEAD 19 86 TO BIRTHPLACE ISTATE OR LOUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED & NEVER MARRIED FOREIGN COUNTRY) MD USA Allegany WIDOWED . DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS Cumberland Memorial Hospital retired pipefitter textile USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21502 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD Allegany Cumberland Route 3 Box 270-Bedford Rd YES -14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME George V. Norris Harriet Apple 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no 214-07-0331 Mrs. Mary G. Norris, Cumberland, MD-wife 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION ARDED TO ITTE.
AGE 3 SHOULD BE USED.
ATE DEPARTMENT OF HE 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Accident Suicide Homicide Undetermined manner SIGNATURE EXAMINER'S NAME Dr. Francisco Reves Bishop Walsh Dr., Cumberland, MD 21502 (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 236 DATE 23d. LOCATION 73¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 10-25-1986 Sunset Memorial Park Burial Cumberland 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

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5 PHYSICIAN. The law requires that the death certificate be executed within 24 hauns after death. Page itending physician.	so this certificate has been signed by the otherding plays in differ amplitiest filled in by the function directs the business and permit. They place remove confinement to Pages, and 2 about be fulfilled thin 72 hours on business to the content of the content o
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED MAME 1951	MEGIL	LAS	Ze DATE OF DEATH MONTH	DAY 15AK 26 HOUR
GOLI	DIE M.	ORNDORFF	Oct.	4, 1986 10:30 N
1. SEX	4. RACE	5. DATE OF BRITH	& AGE INVERSIANT BENDAY	FUNDER CYTAX FUNDER TANKS
Female	White	July 15, 1901	85 v	RS.
W. VA.	TA CHIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED NORCED	A T T on one	
to CHY OR TOWN OF DEATH Cumberland	Memoria	al Hospital	Housewife	17h KIND OF BUSINESS OR
		ings YES NO X	P.O. Box 18	82 / 21557
Charles	T. Martin	THE STORY OF STREET	HIDDIS	Shobe
NO NO DECEASED EVER IN U.S.	GIVE WAR OR DATES)	74-9581 Charles	W. Orndorff -	Cresaptown, MD
Conditions, if any, which gave rise to immediate coule (a), stating the	OUE TO, OR AS A CASE	Provided CH	F	
PART 2. OTHER SIGNER FIGURE No. DATE OF OPERATION The ACCIDENT WAS UNDERLYING	umulus	G TO DEATH BUT NOT RELATED TO THE T	20s AUTOPSY* 20s 1	F YES, WERE FINDINGS USED ESTIFYING CAUSES OF DEATH? YES IT NO IT
	HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE DE PRIME PERTIE	The state of the s
The billings and the shall be	The PLACE OF INJURY LATHOME SHEET VACTORY O	844-8 8	6 00	4 19 that (1. (ww) last
274 SIC GAT FOR BIRD I GIOR 274 SIC GAT FOR BIRD I GIOR 274 PHYSICIAN'S NAME (117) Dr. Terry Wi		DEGREE ATTENDIN PHYSICIAL TIME ADDRESS Memo	MEDICAL STAFF TIAL HOSPITAL Me Ave., Cumberland	dical Building
Burial Houseau Director	10/7/86	Rest Lawn Mem.G		llegany, MD

DHMH - 16 60M 7/84

(VRA 15, 4)

John J. Hafer, Jr. LaVale, MD

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20 DATE OF DEATH Clarence 26 HOUR TYPE OR PRINTS **THOMAS** PECK 10 86 0940 A .. 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS D9 AY MONT MALE BLACK 70. BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED Allegany County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR MEMORIAL HOSPYTAL ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CUMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Allegany Marvland Cumberland 21 Cresap Street YES X NO 21502 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME unknown unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 214-05-7904 Evelyn R. Peck same as 13a-e 18 CAUSE OF DEATH (Enter only one cause per hand or (a) (b); and (c).)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating underlying couse IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULNOT RELATED THE TERMINAL DOLASE OR CONDITION GIVEN IN PART 11:0 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORM THE FES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 711. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING TO CAUSE OF DEATH I F ETHER NOTET WEDS ALTERANDER THE INJURY OCCURRED TH LOCATION 21* PLACE OF INJURY IAT HOME STREET PACTORS OFFICE FARM, ETC.) CITY OF TOWN COUNTR 220.1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive an_ and that in (my) (our) apinion death accurred an the date and have and from the causes stated 77% SIGNATUR DEGREE 1% DATE SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. V.R. Felipa, M.D. 925 Bishop Walsh Dr. Cumberland, MD 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION (SPECIFY) Burial Sunset Mem. Park Cumberland Allegany 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Leasure-Stein Funeral Home, inc. 007 DHMH - 16 60M 7/84 (VRA 15, 4) Baltimore Ave. Cumberland, MD 21502 to the amount on property that is

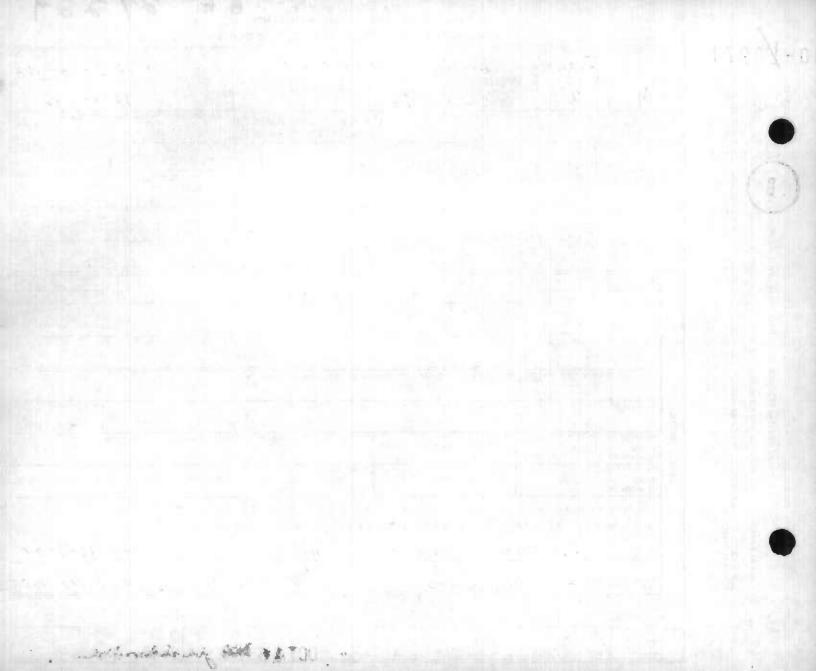
STATE OF MARYLAND

16-21500 C PEC 1975 - The same weeking the first

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द्रा द्वित		EVELY		ARTE	P	EER	October :	14, 198	6	4:00 A
2 4	3. SE		4. RACE			DF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HR
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1 15 85		IRTHPLACE STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY	/? 8. MARRIE WIDOW	D NEVER MARRIED D	9 BALTIMORE CITY	or county	OF DEATH	
1 11/1/	1	Cumberland	I IF NOT IN SE	HOSPITAL, NURS ICH FACILITY, GIVE STRE Orial Hos	ET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS' OWNER/OPE	TION TOF WORKING LIFE	12b. KIND C INDUSTRY tave	F BUSINESS C
1 Page 1	1451	AL RESIDENCE (IF NURSING HOA	AE OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFO	DRE ADMISSION)		•			111
(MIX		MD A1	legany	01dtow	IN IN	13d. INSIDE CITY LIMITS?		1 Box	376/21	555
110/0		ATHER'S NAME FIRST Jam	es A. Far	ris		15. MOTHER'S MAIDEN NA	we Vettie F. S	wanger	LAS	51
The state of		WAS DECEASED EVER IN U.S.	. ARMED FORCES?	16b. SOCIAL SEC	CURITY NO.	17 INFORMANT		RESS		
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TTENDII pitol or TTOR. A for use of Healt		22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	e on /-	// Y 19	0/	nd that in (my) (aur) opinian	death accurred anothe	date and hour	and from the	that (I) (we) la causes stated
ITAL OR A by the hosy the hosy detached detached tote Dept		27h SIGNATURE	luis	Y	ı		MEDICAL ST DOIRECTOR PHYS	AFF ICIAN 🗌	77K DATE	14/81
TO HOSPITAL TO FUNERAL should be det with the State		Dr. Shrestha	3				ial Hospita	11 21502		1
BP	23a.	BURIAL, CREMATION, REMOVE (SPECIFY) Burial	23b. DATE 10-17			EMETERY OR CREMATORY Grove Cemeter	y Oldtown	n Alle	gany I	MD STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	James F. Scat	rpelli, C	umberî	d, MD	21502 250 DAT	E REC'D. BY REGISTRA			URE

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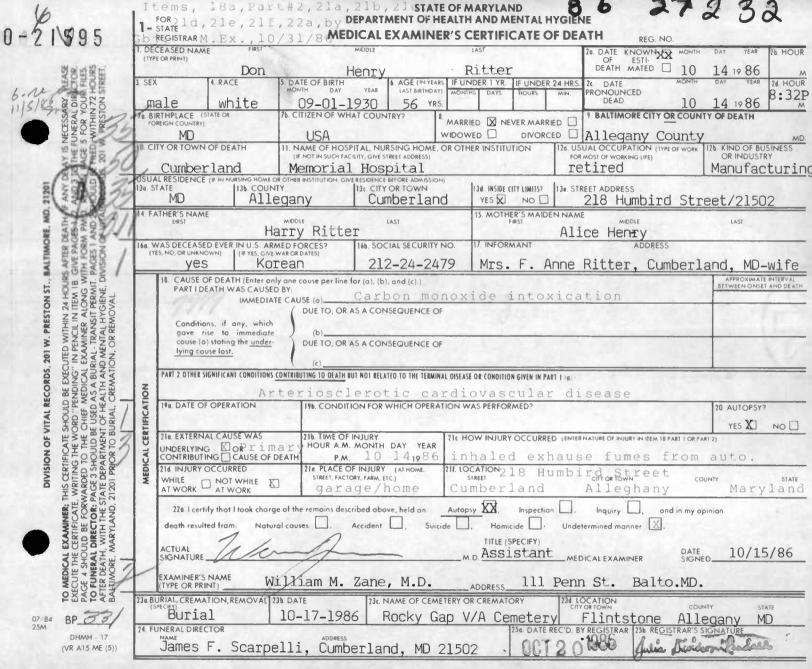
FOR - STATE RTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) rancis DEATH MATED E UNDER 24 HRS DATE 2d HOUR PRONOUNCED 09-24-1900 26 YRS DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED & Allegany ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
retired OR INDUSTRY 423 Cumberland Street Cumberland n/a USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Cumberland 423 Cumberland Street/21502 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank L. Peddicord Cora Newnam 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 218-16-4124 WW II Mrs. Ann Thomas, Cumberland, MD ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAD 20 AUTOPSY? YES | NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME PAGE 4 TO FUN AF (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 10-13-1986 SS Peter Paul Cemetery Cumberland Allegany MD BP 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

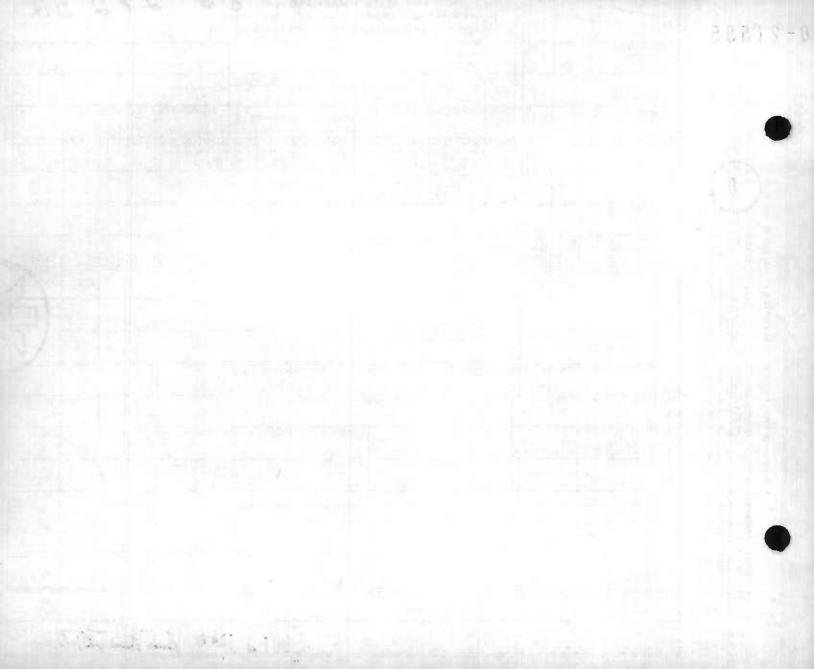


20935	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE REG. NO	010	, 50
		CEASED NAME FIRST	MIDDLE		L	AST	20 DATE OF DEATH	MONTH DAY YE	
may be page 3	(1172	DAVID	OLIVER		P:	IPER	OCTOBER 8,	1986	10:004
mo)	3. SE	X	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HR
ge 4		male	white		MONTA	01-08-1922	64	YRS	
nerol dir		RTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MARRIED DIVORCED	P BALTIMORE CITY O		Н ,
of the for		ITY OR TOWN OF DEATH JMBERLAND	11. NAME OF HOSP (IF NOT IN SUCH FACE MEMORIAL	LITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 126 KIR DEF WORKING LIFE) INDUS RA	of Business of Try
24 hour		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN All	ITY 13c.	ESIDENCE BEFORE CITY OR TOW Cumber 1	N .	13d. INSIDE CITY LIMITS?	Rt. 4 BO	ZIP CODE X 14/21502	
mpletely shines	14. FA	ATHER'S NAME Olive	r Piper	LAST		15 MOTHER'S MAIDEN NA FIRST Bendi	e M. Myers	Piper	LAST
to lo		WAS DECEASED EVER IN U.S. AR		SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	
Page		no	2	19-14-	7059	Mrs. Viola P	iper, Cumbe	rland, MD	- wife
w requires that the death been signed by the attention mit. Then please remonstants ariously, or other from the	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C		A CONSEQUE	ENCE OF DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YES, WERE FI	NDINGS USED
on. Do. Derm Perm Perm Dws dr	FE						YES NOT	IN CERTIFYING CA	USES OF DEATH?
g physicing physicing physicing physicing certificate in included in the physicing phy		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	(1.2)
DING PHYS or attendin After this c e as the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F		ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATI
by the haspital by the haspital by the haspital BERAL DIRECTOR e detached for us State Dept. of He and: if hem 21 is	W	220. I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	view the body often	19		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	22c C	DATE SIGNED
1 - 2 - 2 - 2		DR. H. MERRICK	1 5 5 6 6			CUMBERLAND,		21502	
Of of State	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 10-11-19			EMETERY OR CREMATORY k Cemetery	23d LOCATION Oldtown	Allegany	MD STATE
BP		DULIGI	I TO-TT-I	700 1116	TITIESTIC	K CEIIIETELV	OTUCOMI	HTTERBIN	IVID

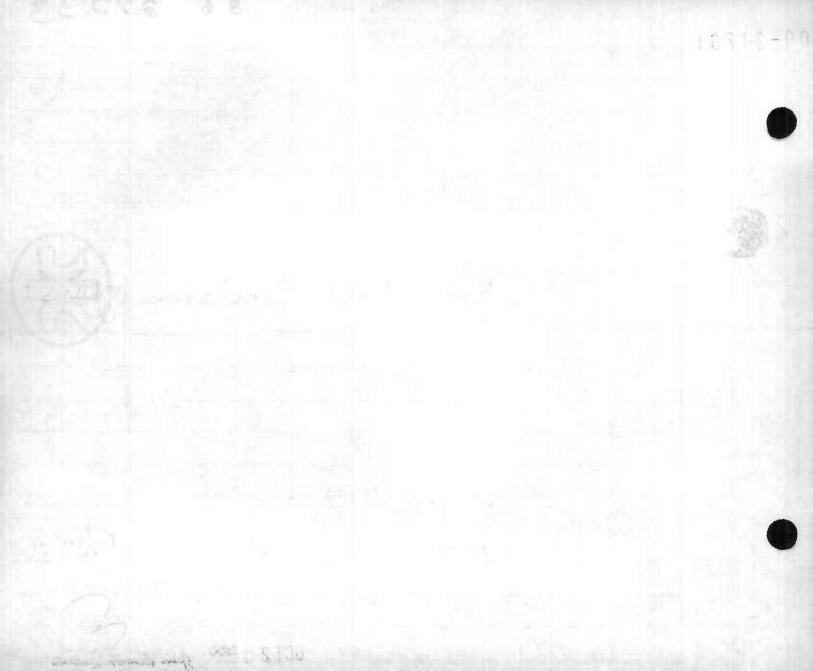
//	592		REGISTRAR MERLAND	MD 21502		IAST		ONTH DAY YEAR	26 HOUR
y be	a transfer of	(TYPE	ORPRINT) MARY	REGINA		POOLE	OCTOBER 2	24, 1986	0900A
4 mo	of ter	3 SEX	female	* RACE White		DF BIRTH 12-18-1902 EAR	6. AGE (IN YEARS LAST BIRTHI	MONTHS DAYS	HOURS MIN.
Poge	2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INITOY2 IL	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
death	3	-	MD	USA	WIDOW	ED DIVORCED	ALLEGANY		
rs ofter	152		TY OR TOWN OF DEATH Cumberland	SACRED HEAR	T HOSPIT	OR OTHER INSTITUTION AL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VOICE)		OF BUSINESS OF
24 hou	35	130 S	AL RESIDENCE (IF HURSING HOME OR STATE 136, COUN MD A]]	ITY 13t. CITY C		13d INSIDE CITY LIMITS? YES NO 🔯	Route 1 Bo	zıp code Ox 11-Star F	Route/21
diw pa	6/0	14 FA	THER'S NAME FIRST Augusti	ne H. Nierma	AST	15. MOTHER'S MAIDEN NA			
e exect	Poper		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA E WAR OR DATES) 21710	AL SECURITY NO.	Mr. Russell	V. Nierman,		, MD-brot
ificate b	noopers movel.		IB CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE			1 format		APPRO) BETWEEN	MATE INTERVAL ONSET AND DEATH
th cert	corboi . or the		IMMEDIAI	E CAUSE (d)			dred 1		
the dep	tremation		Conditions, if any, which gave rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A COL	ASEQUENCE OF	Purionary bre	LANNE		
	Then place to burns righty, as	NO	PART 2 OTHER SIGNIFICANT	167				TION GIVEN IN PART 1	a
he low re	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
Clan 1	and thousand the second		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
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pholor or	for use of Health		22a I certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no			nd that in (my) (our) apinian	to 10/24 death accurred on the date	. 19 Fb	that (I) (we) las
	Dept.		22b. SIGNATURE	H VIEW LILE GOOD GIVET GENT		DEGREE ATTENDING	MEDICAL STAFF	22c DATE	SIGNED
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HOSPITAL OR A pined by the box	SORTANT		Gruce O	betowere,	40	Brie, 416	feron on can	2 20	1502

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71761	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH			. NO.	14	33		
41101		CEASED NAME	FIRST	MIDDLE	-1-	LA	T .	1	O DATE OF DEATH		DAY YEAR	2b. HOUR		
may be page 3 fer death	(,,,,,	OR PRINTY	Carl	Monr	roe		bertson		Octo	ber 16.	1986	2:30P A		
t no	3. SE	×		4. RACE		S. DATE OF	DAY YE		AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	HOURS MIN.		
age 4		male		white			-26-1893		93	YRS				
oth. Po		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED	NEVER MARRIE	ED 🗆 9	BALTIMORE CIT	OR COUNTY	OF DEATH			
deo deo	10.0	MD ITY OR TOWN OF DEA	ATM	USA 11. NAME OF HOSPI	TAL DELIG LAT	WIDOWED			Allega 26 USUAL OCCUP		MI 12b. KIND OF BUSINESS OR			
by the		umberland	AIR	13013 Ma					retired		E) INDUSTRY	irch		
Thousand the period of the per	13a S	AL RESIDENCE (IF NURS STATE MD	13b COUN Alle	other institution. Give re NTY 13, C egany Cu	SIDENCE BEFORE ITY OR TOWI IMberla	and	13d. INSIDE CITY LIM YES 🔼 NO [3e.STREET ADDRES	s/zip copi Ivin St	reet/2	1502		
MOLL				Robertson	LAST		IS. MOTHER'S MAID FIRST	М	atilda M					
on c. P.	16a \	VAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES	00 IAL SECUI 7-10-5	199	Mr. Carl Mrs. Bet	L.F	Robertson Self, C	, Cumbe umberla	rland, nd, MD	MD		
equires that the death is signed by the attendi. Then please remove cor to buriol, cremation, or injury, or ather troumati	NO	Conditions, if any gave rise to im- cause (a), statir underlying cause	mediate ng the last	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRIB	CONSEQUE	NCE OF	OT RELATED TO TH	HE TERMIN	IAL DISEASE OR C	ONDITION GIV	EN IN PART 1	a		
ion. thos been the permit. Inches prior	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDITION	FOR WHICH	OPERATION	WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTIF	S, WERE FINDI			
SICIAN: TI ng physicia certificate mial-transit tempal Hygin		210. ACCIDENT WAS UNI	CAUSE OF DEA	HOUR A.M. A		Y YEAR	21c. HOW INJURY (OCCURRE	D (ENTER NATURE OF	I BE MATI ME YAULM	PART I OR PART 2)	132		
ottending ter this constitution the burner when the burner we have	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE OF INJ		ARM, ETC.)	211. LOCATION STREET		CITY O	RTOWN	COUNTY	STATE		
OR ATTENDING PROPERTY OF A PROPERTY OF USE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFI			(this hospi	tal) evended the dece	19 1		that in(my) four) o		to ath occurred on the	e date and hou	r and fram the			
O HOSPITAL etoined by th TO FUNERAL should be deto with the Stote		22d. PHYSICIAN'S N	AME (TYPE C	OR PRINT)			PHYSIC 22e ADDRESS		DIRECTOR PHY		1101	11/87		
or HO For Should with 1th				, M.D.			Memorial		ital Medi	cal Blo	da, Cum	berland		
BP	23a 8	BURIAL CREMATION,	REMOVAL ON	23b DATE 09-17-198			METERY OR CREMA Funeral	Chap		nsburg				
DHMH - 16 60M 7/B4 (VRA 15, 4)		James F. S	carpe	lli, Cumbe	rland.	MD 21			REC'D. BY REGISTR	Charles III	RAKSSIGMI	W. 1972		



-21206	FOR STATE REGISTRAR	TER ANDERSON FH DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	HYGIENE REG. NO.	27234
21230	I. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
oy be death	Kenne	ch William	Roby	OCTOBER 8,	1986 8:00 PM
T pod	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS HOURS MIN.
s o	Male	White	May 8 1917	69	YRS
1 135	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ ALLEGANY CO	UNTY
1152	Cumberland	TH SACRED HEART	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) HOSPITAL	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Chessie Sy	ORKING LIFE) INDUSTRY
(M)			TOWN 13d INSIDE CITY LIMITS PER NO 15. MOTHER'S MAIDEN	715 Arunde	1 St. 21502
# 18CH	Charles W	illiam Roby Dec	Eva	unk.	Apple
Poper 1	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) Yes	IN U.S. ARMED FORCES? 166 SOCIAL	9 5304 Anna Lee	7 19 RESA	rundel ST. rland MD 21502
ending physics is corting above. In, or election motic energy, the		H (Enter only one cause perfine for (a), (f) AS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, ORA) A CONS	ac wood	+6-1	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH WO ONLY
es that the de ned by the att please remove urial, crematio	Conditions, if any, gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediote g the lost. DUE TO, OR AS A TOMS Ic)	EQUENCE OF STORY OF THE TO WHE TO	FRMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1:0
low requir	NO NO	D.	itillem seleslas	مد	
on. hos beer t permit. rene prior	19a DATE OF OPERA	ION 196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \qua
NG PHYSICIAN: The ottending physicio (fer this certificate hos the buriol-tronst) thon Amentol Hygie orked or them Besho	OR CONTRIBUTION O	AUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
offending offending of the burner of the bur	CIFEITHER NOTIFY MEDIN WHILE NOT WHAT WORK AT WOO	LE CAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI priol or TOR. A for use of Heat	sow the decease	(this hospital) attended the decased to alive on the body after death.			ond hour and from the causes stated
SPITAL OR A 3 by the hos NERAL DIREC be detoched e Store Dept.	226 SIGNATURE	1000-1		G MEDICAL STAFF	12 8 8 6
TO HOSPITAL retained by th TO FUNERAL should be dete with the State	224 PHYSICIAN'S NO	ME CORPINITY OF 1992	ne ADDRESS 909 Seton	Dr. Cumber1	and MD 21502
75 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230 BURIAL, CREMATION,	REMOVAL 23b. DATE	23¢ NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY STATE
BP	Burial	0ct-11-86		GT. Cacap	on Morean Wa
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME JOH: Hunter-And	n Anderson 100 erson F. H. Bei	ss S. Mercer St. W	DATE RECE BESTON TRAR OF	Meet live and

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) SAMPSON EVA 0446 AM OCTOBER 8TH. 1986 Dixon 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 1 SEX IF UNDER 1 YEAR IF UNDER 24 HRS YEAR7 14 FEMALE CAUCASION SIXTY-EIGHT MEIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY CUMBERLAND U.S.A. Maryland WIDOWED DIVORCED [II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY CUMBERLAND Memorial Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Allegany 522 Greene Street maryland Cumberland 21502 YES X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Eleanora Cornish Waters ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 219 07 7083 MEMORIAL HOSPITAL MEMORIAL AV E 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 98. DATE OF OPERATION 20b. IF YES. WERE FINDINGS LISED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 21 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 220.1 certify that (1) (this hospital) attended the deceased from 1086 saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ROBUSTIANO BARRERA 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) CITY OR TOWN Burial 10/11/86 Sunset Memorial park Cumberland Allegany 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leasure-Stein Funeral Home, Incom DHMH - 16 60M 7/B4 (VRA 15, 4) ع و استا و تعلق بند في العالمة المعلم المعلم الم 230 Baltimore Ave. Cumberland, MD 2150

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150		CEASED NAME	STBURG,	MD 21532	MIDDLE		LAST		OF ESTI-	ONTH DAY YEAR	ZE HOUAN
W. PRESTON STREET			ANIEL	WERT	Z SHU				DEATH MATED	10 02 19 86	2:10
25/1	3. SE)			ONTH DAY	6. AGE (IN Y				PRONOUNCED	ONTH DAY YEAR	2d HOUAN
NO N	_		TTE	1/7/2		YRS.			DEAD		2:10
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5		MARYLAND TY OR TOWN OF D	EATH III	U.S.A	ITAL, NURSING HOM	WIDOW		ORCED L	ALLEGANY COU		MD.
12	52.		D .	I IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS		IEK INSTITUTION	120.030	AL OCCUPATION (TYPE OF W	SELF	MP.
7		IMBER LAN		ACRED HI	EART HOSPI	TAL		101	MIL TOI	2	1522
A	13a. S	TATE	136 COUNTY		FROSTBU		13d INSIDE CITY LIM	13: STRE	ARMSTRONG	AVENUE	1)25
2		ARYLAND ATHER'S NAME	ALLEC	YNA	FRUSTBU.	nu	YES NO		ARMOINONG	AVENUE	
1	14.17	HARRY	MI	DOLE	SHUPE		FIRST MAY		WIDDLE	HILL	
-	16a. V	VAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16b. SOCIAL SECURI	TY NO.	17 INFORMAN	E FRC	STBURGRESSMI		
1	{Y	YES	(IF YES, GIVE WAR	OR OATES)	215-26-9777	7	MRS. D	ANTET.	W. SHUPE, 2		RONG
				e couse per line f	or (o), (b), ond (c).)		Tanco . D	A S T MAN AND AND		APPROXIMAT	EINTERVAL
		PART I DEATH	WAS CAUSED BY		Exanguinat	tion				BETWEEN ONSE	T AND DEATH
3			MANAGO IM LE C		S A CONSEQUENCE		HARRIE	-24.72			
S S		Conditions, if		(b)	ruptured a	abdom	inal ane	mysm			
5		couse (o) stati	ng the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE	OF		JI J. MI			
		lying couse los	<u> </u>	(c)	1-3-6						
	7	PART 2 OTNER SIGNIFIC	ANT CONDITIONS CONT	RIRUTING TO DEATH BU	IT NOT REEATED TO THE TER	MINAE DISEAS	E OR CONDITION GIVEN	IN PART I (a)			
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AT 3	FICA	Unit Of Oft		TITE CONDITIO	OTTOR WHICH OPE	MAIN W	AS FERFORMED!			20 AUTOPSY	
1	E	210. EXTERNAL CA	USE WAS	216. TIME OF	NJURY	21c H	OW INJURY OCC	URRED (ENTER N	IATURE OF INJURY IN ITEM 18 PART I	YES	NOXX
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ノーう	DICAL CE	UNDERLYING CONTRIBUTING 71d. INJURY OCCU	CAUSE OF DEA	TH P.M.	FINJURY JATHOME,	211. LO	CATION				
3	MEDICAL CE	21d. INJURY OCCU	RRED OF DEA	TH P.M.	19	211. LO	OCATION STREET		CITY OR TOWN	COUNTY	STATE
3	MEDICAL CE	CONTRIBUTING [21d. INJURY OCCU WHILE NO AT WORK AT	CAUSE OF DEA	TH P.M. 21e PLACE OI STREET, FACTO	F INJURY AT HOME, IRY, FARM, ETC.)	211. 10	STREET	. \sqcap			STATE
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13003-06 ALL IN A MULTIN

1-2171	6	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL F FICATE OF DEATH	B 4	REG. NO.	72	38
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fring de	¥.		TY OR TOWN OF D	FATH	U.S.A	HOSPITAL NI	WIDOW	DIVORCED OR OTHER INSTITUTION	12a, USUAL O	CLIPATION	TI25 KIND (MD. OF BUSINESS OR
The state of	1	C	umberland		CUMP	CK/ANO	NURS!	ng Center	TYPE OF WORK	OR MOST OF WORKING Technicia	LIFE) INDUSTRY	
A STATE OF THE STA	33	13a. Ma	al residence (# NU STATE aryland	13b. COU Alle	NTY	13c. CITY OR Cumber	before admission town Land	13d. INSIDE CITY LIMITS YES NO X		9, Box 9	/ 21	502
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d co	97	16a \	VAS DECEASED EVE		RMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	UVI - T	ADDRESS ROL		
3 54	1		NO OR UNKNOWN)	(11 123, 01	TE TAN ON DATES!	580-05	5-7114	Paul Snow		Cun		L, MD 21502
he law requires that the death minn. Inn. In has been signed by the attending permit. Then please remove cartiene prior to burial, cremation, ar	ows any injury, ar ather traumati	CERTIFICATION	Conditions, if an gave rise to it cause (a), statunderlying coursely PART 2 OTHER SK	nmediate ling the se last.	DUE TO, CONDITIONS C	l in	EQUENCE OF	INOT RELATED TO THE TI	200 AUTOF	SY? 20b. IF Y	EIVEN IN PART 1 ES, WERE FINDI TIFYING CAUSE YES	INGS USED
	2		210. ACCIDENT WAS U			OF INJURY	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATI	IRP OF INJURY IN ITEM 11	B PART 1 OR PART 2)	
HYSICIA ding ph is certifi burial-tr Mental	them /	MEDICAL	(IF EITHER NOTIFY ME			OF INJURY	19	21f. LOCATION				
무 등 속 등 전	ed or	ME	WHILE NOT	WHILE	(AT HOME, ST	TREET, FACTORY, OF	FICE, FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
DINO or o Afte olth	mork		220.1 certify that	(I) (this hose	ital) attended t	he deceased fr	am C	10 8	3 10 1	-/14	1006	that (I) (we) last
ATTENDING spital ar att CTOR: After d far use as t	21 is		saw the deced abave, (I) (we)			112	443	nd that in (my) (aur) apin	an death accurred	an the date and he	aur and from the	
O P P P P P P P P P P P P P P P P P P P	If Item		22b. SIGNATURE	H	n Cu	ofter death.		DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED /
TO HOSPITAL retained by the TO FUNERAL should be detained with the State 1	MPORTANT		22d. PHYSICIAN'S	NAME TO	FAZ	Mo	1	220 ADDRESS	chile	physician C	uber	land
of of she she	3	23a.	BURIAL, CREMATION	V, REMOVAL				CEMETERY OR CREMATOR	RY 23d. LOC	ION	COUNTY	STATE
BP	-11		Burial	0	10-16			Cemetery		rland-Al	legany-N	
DHMH - 16 50M 4 (VRA 15, 4)	/82		DINERAL DIRECTOR NAME 2 Greene						CT 221	86 REGIS	STRAR'S SIGNA	TURE

-122046	1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	IENE REG. NO	Esta D.		
		CEASED NAME	FIRST	WIDOLE		L	AST		MONTH D	AY YEAR	26 HOUR
nay be page 3 or death	(ITP)	ORPRINT	ELDON	GILB	ERT	SPC	NAUGLE	October 23	3,1986		9:23A _M
mo)	3. SE		1000	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	ONIHS DAYS	IF UNDER 24 HRS
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on 22 hours		RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	THE ST
Con and and and and and and and and and an		MD		USA		WIDOWE		Allegany			MD.
office of the		TY OR TOWN OF DEA	ATH	(IF NOT IN SUCH FACILI	TY. GIVE STREET AL	DDRESSI	ROTHER INSTITUTION	120 USUAL OCCUPATE 1 TYPE OF WORK FOR MOST O		INDUSTRY	BUSINESS OR
y and a second		berland		Memorial				Operator		Auto Pa	rts&Towing
35	13a. S	AL RESIDENCE TH NOKS TATE MD	136 COUN All	egany CI	ity or town	1	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 403 Mary	zip code land A	venue/2	21502
Sond 2 st	14. F/	ATHER'S NAME	ldon	Sponaugle	LAST		15. MOTHER'S MAIDEN NAME FIRST ITE	ne T. Reger		LAST	
Pa col		VAS DECEASED EVER	IN U.S. AR	MED FORCES? 16b S	OCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
Poges	(yes, no or unknown)	Vie	t Nam 21	6-40-3	265	Mrs. Andrea	K. Sponaugl	e, Cum	berland	d, MD-wif
by the offending physics see remove corbon poper. cremotion, or removal. other troumotic event, this		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse o , stofir underlying couse	IMMEDIAT , which mediote ng the	ly one couse per line for D BY: E CAUSE IO) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUEN	NCE OF				APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
os been signed permit. Then plec ne prior to buriol merany injury, or	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES,	WERE FINDIN	GS USED
rithicote h ol-tronsit fol Hygiei m 18 sho		210. ACCIDENT WAS UNI	_			Y YEAR	21c. HOW INJURY OCCUR				
os the buriol-tr th and Mental arked or Item	MEDICAL	LIF EITHER NOTHY MEDI	RED	21e. PLACE OF INJ	TURY CTORY, OFFICE, FA	RM ETCT	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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RAL DIRECT detoched for note Dept. o		obove, (I) (we) (a 22b. SIGNATURE	M-	t) view the body ofter o	deoth.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN []	22c. DATE S	3/86
TO FUNERA should be de with the Stot		Dr. Meri		0 (00042)				rial Hospita		edical	Bldg.
	23a. I	SURIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 10-26-198			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 FI	JNERAL DIRECTOR		10-26-198	00 H]	LITCI	est Burial Pa:	rk Cumberla		Llegany	
H - 16 60M 7/B4 (VRA 15, 4)			Scarpe	elli, Cumbe	erland,	MD 2		1271986	p .	Travers of	

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DR BARRERA	1					OF MARYLAND	86	1	10	70
I BOLER- 1994 BL	1	FOR - STATE		DEPART		EALTH AND MENTAL HY	GIENE			
UU-2204		REGISTRAR					REG. I		II-We	
· med		ECEASED NAME FIRST PE OR PRINT) ME		OWERY		POTTS	20 DATE OF DEATH		986	26 HOUR 4:45 A
boge deor	3. S		4. RACE		S. DATE O		6 AGE (IN YEARS LAST I		IF UNDER I YEAR	IF UNDER 24 HRS
ctor. p	3. 5	FEMALE	WHIT	E	MONTH	1, 1909 YEAR	76	YRS.	ONTHS DAYS	HOURS MIN,
1 1 D	70.	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1 1 40	>	West Virginia	USA		WIDOWE	DIVORCED [Allegher	LY.		MD.
1 1 1 D	2 10.0	Lavale	HE NOT IN SUC	HOSPITAL, NURSING FACELITY, GIVE STREET Pine St.		R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST former Te	OF WORKING LIFE)		F BUSINESS OR
ed mp cond 2 con	130.	JAL RESIDENCE (IF NURSING HOME STATE 136 CO Lest Virginia K		GIVE RESIDENCE BEFOR	VN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	9	9999
AL MARY 1		ATHER'S NAME			,01)	15. MOTHER'S MAIDEN NA	ME	Ver ATOM	1127 412	
d hand	(1)	Clarence	MIDDLE	Lewery		FIRST	ttie		Easley	r
ORE, P	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT		RESS	- V	1502
Pogo Pogo	1	(YES, NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	236-84-2	2260	Teby Lee Re	fesce 1062	Pine St		-
ALT Sicron pers. ol.		18 CAUSE OF DEATH (Enter	only one couse per	ling for jo), (b), or	nd (c).1		1			MATE INTERVAL ONSET AND DEATH
T., BAI		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Adems		noma	lunos			
DN S ding or re afic e				R AS A CONSEQU						
death death		Conditions, if any, which	((b)	K AS A CONSEQU	EIVEE OI					
W. PRE		gove rise to immediate couse (a), stating the underlying couse lost.		r as a consequ	ENCE OF					
201 pleo urial	95	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVE	N IN PART Le	
SDS,	Z	Unins	Don	Tous Ti	mp		an C	AC.	THE STATE OF	
Iow requires been signermit. Then e prior to be so any injury	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
9 5 4 6 5	Į ¥	The state of					YES NO NO	IN CERTIFY	ING CAUSES	OF DEATH?
	5 8	210. ACCIDENT WAS UNDERLYING	110110 1		AV VEAB	21c. HOW INJURY OCCUR				
ON OF 'YSICIA' ITYSICIA' Philosophia Philo	1	OR CONTRIBUTING CAUSE OF C	PEATH	M. MONTH D	AY YEAR					
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NG PHYSICIAN: 1 ottending physiciter this certificate os the buriol-trons the and Mentol Hygiciter and Mentol Hygi	2	WHILE NOT WHILE AT WORK	(AT HOME STE	REET, FACTORY, OFFICE,	FARM, ETC.)	ZIKEET	CITY OR I	OWN	COORIY	STATE
Africa Af	4	220.1 certify that (I) (this has			1 10	0-6,19-86		0-10,10		that (I) (we) lost
TTEN priol priol for u		sow the deceased alive obove, (1) (we) (did) (did	not) view the body	ofter death	36 , on	d that in (my) (our) opinion	death occurred on the	date and hour	and from the	couses stated
NR ATT. hosp. IRECT hed feept. a		226. SIGNATURE		1		EGREE		**	22c. DATE S	SIGNED
AL DAL DIETOCIONE		1 Bleustica	and (1. Train	Re 1	ATTENDING PHYSICIAN T	MEDICAL ST.	AFF ICIAN ()	10-	-13-86
HOSPITAL ned by th FUNERAL old be det to the State		224. PHYSICIAN'S NAME (TYP	E OR PRINT		./	22e ADDRESS			100	113 013
		ROBUCTIAN.	0 J. B	ARRER	L. JP.	- INEMOPUL	-L HOSP.	CUME	3. MO	1. 21/02
0 g 0 g m	23a	BURIAL, CREMATION, REMOVA		7. <u>7</u>	NAME OF CE	METERY OR CREMATORY	236 LOCATION			
2000BPO		(SPECIFY) Burial	10-20)-86 H	use Me	m. Pk.	Fayette	will- 1	COUNTY	STATE
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	1126 E. D			le, WVa 15004	FRES D BY AFRICA	RIZU REGISTA	ARIS SIGNAM	PRE
(VRA 15, 4)		Richard D. Fidl					24 500	guita de	andern-K	ALGARA;
				T. C. P. C. I.	- retre	TALL AND ALL OF THE PARTY OF TH				

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)	4		1.	FOR VIRGINIA	AVE.,	DEPART		EALTH AND MENTAL HYG	IENE	,	
10-	2013	75		REGIOMBERLAND,	MD 21502			ICATE OF DEATH	REG. NO.	1	
	1			CEASED NAME FIRST		MIDDLE	Ł	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	y be	deoth		LLOYE	LE	ONARD	SQUI	RES	OCTOBER 14, 198	36	6:20 A
	o E	0	3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	ge 4	200		male	white	9	07-	-13-1924 YEAR	62 yrs		
	Po di	2 19		CTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH	
	leoth	Co		MD	USA		WIDOWE	DÎ DÎVORCED	ALLEGANY COUN		MD.
	ter d	100	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPATION	126. KIND O	F BUSINESS OR
10	rs of	りを人	C	umberland		HEART H		L	ret. carman .		lroad
MARYLAND 2120	no p	e e	USUA 13a. S	L RESIDENCE (IF NURSING HOME TATE 13b CC	OR OTHER INSTITUTION			13d. INSIDE CITY LIMITS?	13a STREET ADDRESS / ZIP COL	_F 21	.502
ON I	P	CF.		MD A.	llegany	Cumber	land	YES NO	130 STREET ADDRESS / ZIP COL Route 3 Box 50	Ĵl/Valle	y Road
ZYL/	11 1	スシン	14 FA	THER'S NAME	MIDDLE	IAST		15. MOTHER'S MAIDEN NAM		LAST	
A /	17	1) 10		Harley H				Katie	Norris	LAS	
BALTIMORE,	9 9	es lico	16a W	AS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS		
₩.	e ex	medico		yes (IF YES.	GIVEWAY ORDATES)	219 14	5336	Mrs. G. Marc	ella Squires, C	umberlan	id, MD-wife
SALT	ote b	ol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe	r line for (a) (b), b	nd (c).)	1 / it 1	1 0	APPROXI BETWEEN (MATE INTERVAL ONSET AND DEATH
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N	h ce	or r			DUE TO. C	R AS A CONSEQU	IENCE OF		1		
PRESTON	deot	tion,		Conditions, if any, which	(b)				V		
ox.	the the	emo er tr		gove rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQU	IENCE OF				
3	thot by	lease ial, cr or ath		underlying cause lost	(c)_						
5, 201	gned	burie burie ny, o		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 10	3
RECORDS	nba.	The or to inju	CERTIFICATION							337	
ECC	s be	Price of	ICAI	190 DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDIN	GS USED OF DEATH?
	The cion.	how	RTIF						YES NO	res 🗌	NO 🗌
N.	hysic	Hygin 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	U	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
0	SICI/	Mentol-t Mentol	CAL	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P	.M.	19			VEL III	
DIVISION OF VITAL	PHY	the bu	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N/C	A te	olth or marker	4	AT WORK NOT WHILE AT WORK							
	N - W	Leol Is m		220.1 certify that (1) (this ha				. 19	, to		that (I) (we) last
	ATTE	of 1	542	saw the deceased alive above, (I) (we) (did) (did	not view the bod	y after death.			death accurred an the date and ho		
-1	e ho	Dept Dept If her		22b. SIGNATURE	71/2	, 1	in	DEGREE ATTENDING	MEDICAL STAFF	224 DATE	SIGNED /71
	TAL y th RAL	÷ 0		01	0000	my	11	PHYSICIAN E	DIRECTOR PHYSICIAN	191	0/86
	HOSPITAL ned by t	he S RTAI		22d PHYSICIAN'S NAME		/	,,,	22e ADDRESS		/	
	O HO	should be de with the Stat		GARY WAGONER					WALSH ROAD, CUM	BERLAND,	MD 21502
	7 5 1	0 > > 0	23a B	URIAL, CREMATION, REMOV	V			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP			Burial	10-16	-1986 S	unset	Memorial Park		Allegany	
	DHMH - 16	60M 7/B4	24 FL	INERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRA 256. REGIS	TRAR'S SIGNATI	URE
	(VRA	15, 4)		James F. Scar	pelli, C	umberland	d, MD	21502 UCT	1 7 1986 giftinde	same short	

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The first filmharman for a

955 BIRTO WALSH BOME, CLEVERHLAND, NO 20100

61810-

STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Restlawn Mem. Gardens Cumberland

DHMH - 16 60M 7/84 (VRA 15, 4)

202 Greene St. George-Upchurch Fun'l. Hm. Cumb. MD

10/12/86

236 DATE

230 BURIAL CREMATION REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7h HOUR

7:30

12h KIND OF BUSINESS OR

APPROXIMATE INTERVA

NO [

22c DATE/SIGNED

Cumberland MD

INDUSTRY

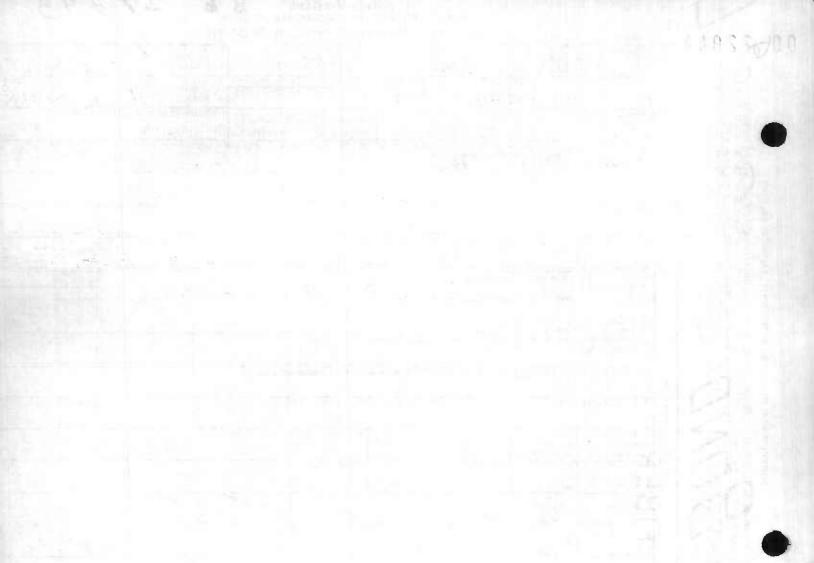
Barnhill

Box 143

15545

Own Home

	l,	FOR STATE		DEPART		OF MAR	YLAND ID MENTAL	HYGIENE	6	41	19	3
00-22016		REGISTRAR	MI		EXAMINE	R'S CER	TIFICATE		REG	. NO.		
0025044		PECEASED NAME PIRST		MIDDLE		LAST	14	20.	DATE KNOWN			
\$ 8 4 5 E		Luli	z μ	lae		Wal	ls		DEATH MATED	, ,	11 19 8	_
A HOLD STREET	3 SE	F 1. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY)		YR. IF UNDE	R 24 HRS. 2c.	DATE	HINOM	DAY YE	Car A
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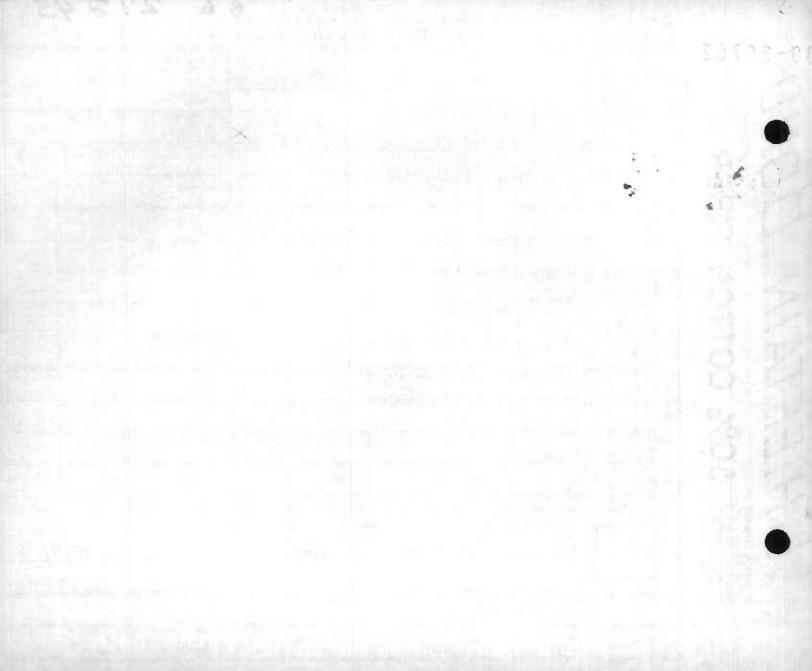
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PRODUCTION REPORT ADDRESS OF THE PRODUCT

STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) OF ESTI-Alice Whitacre DEATH MATED 10/9 10 86 Marie 4. RACE IF UNDER 1 YR. S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST SIRTHDAY) PRONOUNCED Female White Jan. 19,1927 59 YRS DEAD 10 86 7h. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland DIVORCED X Allegany CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland Memorial Hospital Housewife 13d. UNSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland Cumberland 218 Park Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Ellwill Bennett Belinda Mullanax 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 17. INFORMANT Goethe Street (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-20-6118 Catherine Gross No Cumberland. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of Lung IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR: PAGE 3 SHOULD BE USITHE STATE DEPARTMENT OF NND, 21201 PRIOR TO BURIA 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (AT HOME 214 INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY MARYLAND 22a I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined manner TITLE (SPECIFY) NERAL C DEATH, MORE, M SIGNATURE EXAMINER'S NAME PAGE A Giovanni Mastrangelo, M. D. ADDRESS 900 Seton Drive CumberlAND. Md. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 10/12/86 Hillcrest Park Cumberland 07/84 25M 14 FUNERAL DIRECTOR Leasure-Stein Funeral Home, The DHMH - 17 230 Baltimore Ave. Cumberland, MD (VR A15 ME (5))



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- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MONTH DAY 20 DATE KNOWN i OO (TYPE OR PRINT) OF ESTI-Wolford Dorothy M. 301086 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2c. DATE 7 100 LAST BIRTHDAY) PRONOUNCED Feb. 25,1921 Female White 65 YRS Oct. 30 a M 1986 76. CITIZEN OF WHAT COUNTRY? TE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY USA MD WIDOWED [DIVORCED Allegany ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS Meshach Frost Village Apt 1 Secretary Co. Gby. Dept Frostburg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 13c. CITY OR TOWN Allegany MD Frostburg Meshach Frost Village 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Nellie Russell Bowman Barnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES TAN SOCIAL SECURITY NO 17. INFORMANT ADDRESS CIE YES GIVE WAR OR DATES 215-14-6401 Mervin J. Wolford Frostburg, MD 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY CARDIAC ARREST S(D)D)BN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which HYPERTENSIVE CARDIAC VASCULAR DISEASE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 714 INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN STATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AETER DEATH, WITH THE S BALTIMORE, MARYLAND 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from Undetermined monner Notural causes Homicide TITLE (SPECIFY) ACTUAL Deputy DATE 10/30/86 SIGNATURE MEDICAL EXAMINER 21502 EXAMINER'S NAME Paul Snow ADDRESS Memorial Cumberland, MD 23c. NAME OF CEMETERY OR CREMATORY Burial Sunset Memorial ParkCumberland Allegany MD Nov 2,1986 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25M 24. FUNERAL DIRECTOR **DHMH - 17** William G. Kight Cumberland, MD (VR A15 ME (5))

STATE OF MARYLAND

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        Paul Snow, M. D. Homorial Ave., Cumberland, MD
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